

COMPULSION AND DOUBT

VOL. II

Other works by William Stekel M.D.

Frigidity in Woman
Impotence in the Male
The Interpretation of Dreams
Peculiarities of Behaviour
Sadism and Masochism
Sexual Aberrations

COMPULSION AND DOUBT

[ZWANG UND ZWEIFEL]

 by

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authorised translation by

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Volume II

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COMPULSION AND DOUBT

(Zwang und Zweifel)

VOLUME II

Chapter Ten

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THE TRAGEDY OF THE PHYSICAL

*Sin beomes custom, custom becomes habit, habit
becomes nature, nature becomes necessity.*

BERNHARD VON CLAIRVAUX

COMPULSION NEUROSIS APPEARS to be a purely psychic illness, and patients often emphasize that they feel in the best of physical health. In fact, one might almost believe that compulsive neurosis brings immunity to organic illness. Many compulsives say they would like to have an organic illness. They all have strong suicidal tendencies, but as they are unable to realize them, they want some severe disease, such as cancer or pneumonia, to bring death and deliverance from mental suffering.

Constant affect storms seem to offer them some protection against infections, colds, etc. I cannot recall a compulsive patient who had ever been severely ill physically—and I am looking back on nearly twenty-five years of psychotherapeutic experience.

Some compulsives deliberately expose themselves to bad weather and hardship. They overwork themselves, they violate every law of hygiene—yet illness does not occur.

As an example I recall a compulsive who was determined to catch cold. In wintertime, he walked around naked, while the windows were open, he exposed himself to draft, bathed his feet in cold water, visited people who had infectious diseases—all in vain. He was immune. Only once, when he *wanted* to be well because he was about to take some decisive step, he came down with bronchitis, and this gave him an opportunity to complain about his perpetual misfortune.

I have seen patients who did not bathe for years, who did not change their underwear for months, and who did not even wash. Yet they did not suffer from boils or other skin diseases. They looked healthy in spite of their mental complaints.

We are familiar with the ascetics and professional starvers who, under the pretext of hygiene, punish themselves by depriving themselves of food. I saw a compulsive who lived on nuts and bananas only in order to suppress his sexuality; he was completely emaciated, but he was well and able to endure great strain. In their publications, the vegetarians cite the number of their adherents who are champions in various fields of sports as proof for the beneficial results of the vegetarian way of life. They do not take the psychic factor into consideration. A man who has such control over himself as to be able to force his instinctual need for nourishment into a different direction, possesses exceptional will power. His vital energy is greater than that of the average person. Especially among these diet fanatics do we find many compulsive neurotics who attempt to combat a psychic compulsion by exerting pressure on their instinct-ego.¹

The so-called psychic compulsion of the neurotic is caused by the wish of the moral ego to suppress the instinct ego. *Com-*

¹ This is not intended as a negative criticism of the vital question of vegetarianism. I am merely stating facts without taking part either for or against it.

pulsion might be defined as the triumph of a degenerate idea over physical matter.

The compulsives are victims of the physical. They are subjected to a repetition compulsion which, unfortunately, is but the wish to re-experience a past sensation of pleasure. Sometimes, the repetition compulsion is the cry for the only and unforgettable orgasm of the past, the desire for the return of a former pleasure, reproach and wish, wrought into a single symptom.

How many of our patients are victims of the physical! A woman can be spiritually deeply attached to her husband, worship him and give everything for him, including her life. Yet some organic difference, some sensation of pleasure experienced with another man will have made her incapable of feeling any physical pleasure in the contact with her husband. A man can truly love his wife, could be very happy with her, but still cannot achieve orgasm with her because some small, physical detail is missing in her, a detail which, however, would fulfill the specific condition of their love.

I wish to refer to *Case No. 2*, with which I introduced my series of compulsive cases. A single coitus with a blonde woman destroyed the patient's entire life. He could not tear himself away from that impression. Was it a single orgasm? How long does an orgasm last? Seconds, only. Memory alone transforms this experience into a continuity. But how is it possible that a pleasure lasting but a few seconds can affect a man so deeply that his life becomes worthless to him, that he has to fight an impulse to commit suicide because he has arrived at the conclusion that he cannot go on living without re-experiencing this orgasm—the only orgasm he desires?

Does this mean then that only moments of supreme pleasure count in life? Has every pleasure this man had previously experienced with his wife vanished, while this *one* experience

represents for him presence and future simultaneously and the one and only wish which must be fulfilled if he is to go on living?

Let us consider a different case. A woman who loves her husband above everything, who lives in complete spiritual and physical harmony with him, accidentally meets a man who repulses and at the same time inexplicably (inexplicable for her, not for us) attracts her. She appreciates the spiritual, the refined, the unspoken word—he represents the antithesis to all that. He is coarse, cynical, brutal. Of course, she thinks: This man can never become dangerous to me. Once, unexpectedly, he takes possession of her. She protests, that is, she thinks she is protesting, but he overcomes her weak resistance and takes her. Against her will, she experiences a more intense orgasm than ever before. Afterwards she is indignant, she packs her trunks and leaves the site of her defeat. Her life is ruined. She accuses herself, she confesses everything to her husband (these women always confess everything, except their wish for a repetition of the experience), and although he forgives her, she becomes severely neurotic. She develops an agorophobia, suffers from insomnia and, worst of all, she has become sexually cold. She feels no pleasure in her husband's embrace. She is forever unable to recapture the happiness she used to experience in intercourse with him. She yearns for the sinful pleasure, the pleasure of being raped. The man who raped her was perhaps stronger than her husband, perhaps he was more potent, although she never had any complaints about her husband's potency before. The husband is desperate, he resorts to tricks he did not need previously, he extends the act up to an hour—all in vain. The woman cannot be aroused again. The *one* orgasm has blotted out all others. Her soul may curse her experience but her body demands the body of the brutal man.

We have found that childhood experiences leave lasting imprints. Physical impressions of an absurd nature, such as, e.g., the observation of defecation, may build a solid bridge between this impression and the attitude towards sex. This bridge cannot be destroyed even by analysis and insight, because we physicians are powerless against the sinister power of the physical.

Pity the fetishists! It is terrible to imagine that some childhood incident should determine the erotic experience of a person's entire life. I am thinking of a lyrical poet who vainly fought his desire for vulgar women who had voluminous breasts and large buttocks, preferably prostitutes, with whom he could perform anilingus. This poet worshipped sensitive and refined women, he dedicated his most beautiful poems to them, he was happy in their company only; but he was impotent with a woman who did not conform with his specific paraphilic tendency. He struggled against it, he tried everything to combat it, and—was defeated every time, until he had to admit to himself shamefully that he was powerless against his body's desire for the vulgar.

Thus, men become sexually dependent on women whom they despise; women become the slaves of vile men whose behavior would ordinarily repulse them. They rebel against their ties, they combat their sex instinct with every intellectual means. But it is all in vain. The physical is stronger. And if they really try to break their chains, to escape the tyranny of the physical, they become neurotic, unable to deal with life, and are frequently ruined by their conflict.

We find that many compulsives had had some sexual experience in their earlier or later youth which they cannot overcome. It is not only regret which prevents them from forgetting that experience, it is the desire for a repetition of the sexual pleasure which they felt then and which they are unable to

erase from their memory. How can we explain the case of a man whose sister touched his genitals when he was fourteen years old? It was only a short moment. Yet, it seemed that his entire life was dominated by the wish to forget the sensation of this contact. Or how can we explain the case of the patient who, as a child, smelled a certain acid odor which he greatly enjoyed when the maid once took him under her skirts, and who remained a slave of misophilic tendencies for the rest of his life?

No case has impressed me as deeply with the tragedy of the physical as the following:

Case No. 44. I receive a telephone call. A patient wants to see me in my home since she is afraid of people and does not want to meet anybody in the waiting room.

After half-an-hour, a very stout lady appears, dressed in a very heavy coat, wearing a man's hat which hides part of her face. When opening the door cautiously, she touches the handle through a paper napkin. She makes sure I do not expect any ladies in mourning, in which case she would have to leave at once.

Ethel has just arrived from Berlin. She does not like Vienna, which has such narrow streets. She has also met a hearse. I interrupt her.

She assures me that I have certainly never heard of an illness like hers before. She suffers from the fear of touching things, being afraid to infect herself with poison. If forced to touch anything, she disinfects her hands and cleans her dress. Such infection comes through the air. The poison stems from the dead.

Her troubles started a year ago, when she bought black shoelaces at a store. She threw the laces away when she came home. She bought the laces eight times from the same girl at the same store and had to throw them away all eight times. (Repetition compulsion.)

Her illness really started two years ago. Her fiancé received a death certificate after the death of his brother-in-law. She wanted

him to keep it apart from his other papers. She is afraid of all persons who have to do with the dead or the dying, now especially of women in black dresses. She is not quite so afraid of men as of women. Her fiancé (a doctor) has to witness her disinfecting procedures. At night she sits in an armchair. She has not rested in a bed for five months, nor has she changed her underwear. She made the trip to Vienna in the baggage compartment because there she was safe from women in mourning and also because she had her dog with her, from which she did not want to be separated.

She has to live at a hotel that is owned by a man. All day long she washes her hands and her coat. A student of philosophy, she never reads any books because they may be infected.

She bosses her fiancé in a way that defies description. He must not touch her, to say nothing of kissing or embracing her. She wants to be cured, but only if her specific conditions are met. She is ready to undergo analysis at some quiet country place, where there are no women in mourning, at a hotel with running water. She bargains with me about the fee, declines to be treated by an assistant and refuses treatment free of charge by one of my female pupils. She has no use for women.

During the session she looks around in an inquisitive manner. Her mouth does not rest for a single moment; she makes tic-like movements with her tongue. She sits heavily in her chair, legs apart. Her hands are motionless in order not to touch anything. At times she smiles and looks at me with her beautiful eyes. She is proud, conceited. She leaves with the same extreme caution with which she has come.

Next day, her fiancé phones that she cannot keep the appointment since it happens to be a day when she is not permitted to go out. Nor can he come to see me; his fiancée has strictly forbidden him to do so. I make a new appointment for her.

Second session: "Why did you not come yesterday?"

After a pause, haltingly: "Yesterday was Wednesday, an unlucky day. I am very superstitious."

I ask her if her father died on a Wednesday. She does not know where her father is, nor if he is alive. Her parents were unhappily

married. After a divorce, they tried to live together again. They were divorced a second time and her father lived somewhere with another woman. However, an aunt of hers was buried on a Wednesday.

She replies to my questions with hesitation, sometimes with, "I do not understand your question," which means, "I do not want to understand it." She has trouble finding an apartment in Vienna, since it must not be near any hospital or cemetery. Anything connected with death or sickness is taboo. (She uses the word "*treife*," which means "impure.")

With difficulty, I gather this about the beginning of her illness: The spot where the shoelaces were sold was *treife*, and everything which came near to them became, in turn, *treife*. She cannot explain why she did not throw them away before they had a chance to "infect" other things. Her dog spread the infection through the whole room. But she would not send the dog away, he was such a faithful soul. He is an exceptional dog, he is a "human dog."

Even after the laces were thrown out, the infection remained. From then on, she was afraid of any kind of touch. Originally she had been afraid only of being touched by a woman. It started when her fiancé shook hands with a female cousin of his. A book he happened to have in his hand had to be burned. She hates all women. She would like to have been born a man. Why had the cousin been so dangerous? She had just left the hospital. Later she extended the fear of touching to men, her fiancé included.

In order to avoid meeting people she lived like a hermit and went out only at night. When consulting an analyst in Berlin she was unable to lie down on the couch. For this reason she interrupted the treatment.

She sleeps in an armchair, fully dressed, and claims to be a sound sleeper. She says she has never masturbated. She pities her fiancé who has to suffer much because of her. She does not want to marry before she is cured. I point out to her that there is no junction between marriage and cure. She does not want to say that Leo loves her. There are so many things that go by the name of love.

When she eats, it is necessary to wrap the fork handle in paper, also the glasses from which she drinks. She claims to eat very little, but she is extremely stout. She stays in her room all the time, except when it is cleaned, or when she goes to see me.

The analysis is rather like a satire on analysis. The patient remains silent or answers in an ironical vein, asks inconsequential questions, tries to pry into my private life. I explain to her that she must cooperate, or end the treatment.

The odor from her underwear, which she has not changed for five months, is intolerable. She sulks and says, "If you don't want to treat me, tell me so."

Leo calls me on the telephone. His fiancée is going to see me again and will tell me everything. He himself again refuses to see me, but promises to do so later. He tells me, however, that they had intimate contacts and that sexually they have done everything with the exception of intercourse.

When she arrives, she tells me that she has spent the night in the cold room without her coat. On her way she met a man in mourning, who might have touched the coat, which thus had become *treife*.

"Why is God punishing me so terribly?"

"You are punishing yourself for your imaginary sins."

"You may be right."

Finally she opens up. Her troubles started when she was seventeen. She is thirty now. Her mother married a second time, an older man, who had a son about as old as the patient. She was thirteen at that time. On his wedding day the man came into her room, drew her on his lap, kissed her passionately and spoke tender words. "Maybe there is some importance in that he spoke of the death of his first wife." I cannot find out what happened, suddenly she does not understand my questions. I assume, however, that an intercourse has taken place. All her unhappiness dates from this scene. She became jealous of the man. Later she asked her mother to divorce him, without giving any reason, nor did she tell her mother about her experience. Her stepfather left the house, but they were not divorced. She suspected that her mother

might see her husband, and by chance (?) she met the couple in the street. She is extremely short-tempered. She made a horrible scene, then wandered aimlessly through the streets. All of a sudden, her stepfather again stood before her. He said, "If you have any grudge against me, tell me this under four eyes." She roared like a wild animal, called for the police, so that the man ran away. Her mother left the apartment, where she now lives with Leo. Her mother is ashamed of that and says they are married.

She is very stubborn. When she wanted to punish Leo or her parents, she stayed six days without food. As a child she had terrible tantrums, during which she bit anybody who came near her.

She remembers that, when she was six months, an aunt of hers broke a pretzel in half and tried to put some of it in her mouth. This provoked a fit that lasted for hours. When finally the maid hit on the idea to offer her a whole pretzel, she calmed down at once. This scene had been described to her many times.

She hates all women, especially her mother, with whom she quarrels constantly. She often accuses her mother of not having taken sufficient care of her.

Her stubbornness breaks through at every moment of the treatment. One day she even wants me to come back to the city on Sunday, because she cannot go out on Saturday. She even offers to come out to my country house on foot. I again threaten to break off the analysis. It is clear that she wants to dominate the analyst just as she does Leo and everyone else.

After Leo again implores me over the telephone to continue the treatment, I agree to see her on Tuesday. This time she comes at the appointed time. Her appearance and behavior are the same as the first time I saw her. The smell is intolerable. She reports some dream fragments.

First she talks about her father. "I might not be so unhappy and ill if I had stayed with him." He was quite "wild," while her mother was rather "bourgeois." He sent her many presents, but she was not allowed to accept them. Her mother forbade her to touch anything that came from her father. When she was not quite six years old, he kidnapped her as she was taking a walk. (A struggle was

going on between the parents for the custody of the child.) She left her father, however, and returned to her mother, who kept her under strict supervision.

Ethel never does the disinfecting herself. Her fiancé must do that. She refuses to marry him in spite of his insistence. Asked why Leo must not see me, she explains that all doctors are "treife." She sometimes beats him. Since he cannot avoid contact with other doctors (he is a dermatologist), his clothes finally infect everything in the apartment. She stayed for three weeks in the nude, fearing infection through clothes. She had such fits of temper that plans were made to send her to an asylum. She is grateful to Leo that he prevented that.

She claims to be a wonderful singer and pianist, whom the greatest musicians would have been happy to teach without charge. But she was sent to college. She is not fit for a bourgeois job.

Leo originally was her tutor, when she was fourteen. He then became her intimate friend, and it was really he who formed her. She loved him deeply but her love manifested itself as fear that something might happen to him. She can talk for hours about this fear which, she thinks, proves that she loves him. She almost goes out of her mind when he is not back home on time. He knows that she loves him, so he should be more considerate (the tyranny of love that is not love). I explain to her that love does not manifest itself in fear and torment. Why did she not marry Leo?

"Why should I? I am not a little bourgeois, I don't believe in that nonsense. Are you a bourgeois?" Again an attempt to invade my private life.

Leo, who is physically in bad shape, plans to go away for a few days. She is not in the least disturbed because she knows he will be back soon. As a matter of fact, he is back in an hour. He missed the train. (It is noteworthy that there were several trains the same day after the one he "missed.") He seems completely in her power.

She had been proposed to several times, but she never accepted. When she was about six years, two older boys lured her into a stable and undressed her. As usual, she does not know if anything else happened.

While washing her face and hands, which may take up to three hours, she often sings and indulges in daydreams. Her favorite song is one by Goethe, which contains a foreboding of death.

She asks me if she will be cured. I point out to her that she first has to forget her stepfather. She realizes that he is the cause of all her suffering and wants to know how to go about it. What she does not want to realize is that she is still in love with him and that, in her daydreams, she is re-living the old experiences with him.

Her sexual relations with Leo have stopped completely. I want Leo to go away and to leave her alone. I still have not seen him.

With considerable difficulty, I eventually gather this about her stepfather: A year before her mother's marriage, at some party, he kissed her passionately on the neck. Then came the scene on her mother's wedding day. She was fascinated by him. She went to his room and found him lying on the couch. She played with his penis (probably fellatio). When she was fourteen, she once came to his room, but there is complete amnesia as to what happened at that time. Later, her love changed to hate. She struck him and even threw a bowl of soup at him. He finally left the house. She thought he was afraid of her. Though this was sixteen years ago, she still hates him passionately and would like to kill him with a small revolver which she carries.

She began to hate her mother, whom she told nothing of what had happened. She motivates her silence with an experience she had when seven years old. At her private school she used to meet a man who frequently touched her genitals. She never said anything about that at home.

She wanted her mother to divorce her father, but her mother claimed he would not agree to that. She took that to be an excuse. The last two times she saw her stepfather were at the funeral of an aunt and that of her grandmother. The aunt's burial took place on a Wednesday. Evidently this, her unlucky day, was her last happy day. She now realizes that she is thinking of the last time she saw her stepfather. This also explains her fear of cemeteries. She still

loves her father and hopes to see him again when a relative (mother?) dies.

I want to know what brought about the outbreak of the neurosis after such a long time. As usual, she does not remember any of the important facts. She describes that one day her stepfather and a male friend of hers undressed her.

"Did he also open your shoelaces?"

After an embarrassed pause: "Perhaps. Or maybe the friend."

Later, whenever she met her stepfather in the street, they felt embarrassed and gave each other only furtive looks.

When Leo first came to live in her house, he slept in a separate room, while she slept with her mother in another room. Since she tortured her mother with her constant concern about Leo, her mother finally suggested that she sleep in Leo's room. Though he was too honest to touch her, she once crept into his bed and this led to all sorts of intimate actions.

We learn that she never experienced any orgasm with him. When he returned from the funeral of his mother, she rejected his caresses; he came from a dead person.

From a dream she has told me, I gather that she was still having relations with her stepfather at the time Leo was her tutor and she was overtly in love with him. He, however, never took any liberties with her. Though she appreciated this in a way, she despised him for it at the same time. He was not a man. Her stepfather, however, knew how to handle girls.

Asked if she had ever performed fellatio with her stepfather, Ethel pretends not to understand what I am talking about. However, the convulsive movements of her lips betray her. Driven into a corner she admits that she is well informed about paraphilias, having read many books on sex. She buys books and music in huge quantities, but hardly ever reads books or plays the piano. Up to a year ago she would get up at night and commence playing and singing.

She has quarreled with Leo. He has refused to wash her coat and declared that he is tired of her compulsive activities and wants to return home.

She still seems to be searching for her father, of whose whereabouts she does not know, nor whether he still lives. Her stepfather was a father-image, who gained his influence on her by promising to be a second father to her.

From two dreams I gather that her desire to lose Leo changes into the fear of not seeing him again. She relives the scene in which her father put his penis in her hand. It becomes evident that she is afraid of touching the penis.

It became clear that her illness set in in its full intensity after she had met her mother with her stepfather in the street. She stormed into her mother's room, threatening to kill her or the stepfather should she ever find them together again. Her fits of temper lasted for weeks.

She tried all kinds of ways to escape her family problem. She went to the mountains, accepted jobs, etc. But a cure never materialized. Within a month her illness took the aspect which it presents now.

I point out to her how badly she treats Leo. I assert that ostensibly she hates him and would be glad to get rid of him. She wants to smell bad to test Leo's patience. "What gives you the right to say that," she asked indignantly. To which I replied: "It is the right of the doctor who wants to cure you."

One day she is agitated. Leo wants to leave her for good. He has torn her smelling clothes from her body. I explain to her that she is doing everything to make him lose his sexual desire for her. I mention that I could not understand how anyone could love such a woman anyway. This is a hard blow to her. A strong transference has meanwhile been established. She looks at me amorously and tries to enhance herself in my eyes by boasting of her intellectual achievements, musical talents, etc. I again point out to her that she does not love Leo and that she has degraded him, formerly a person of high professional standing, into a slave of her illness. She does not contradict.

With considerable reluctance she tells me the following dream:

I am in a room with you. I am wearing a dress that buttons in the back. You open my dress. I feel ashamed. Then you take off my

underthings. I am standing in the nude. You undress too. There is another man in the room. It is as if you approached me from the front, the other man from the rear. ("My God, how horrible. I am going to throw up.") You are standing near the wash basin, washing yourself. The other man is washing himself, too. I am to take his penis in my mouth. ("No, I can't go on. I have to throw up...")

She asks for a bowl, acts as though she were throwing up, but does not. I recognize at once that it is a reenactment of the scene between her and her stepfather and his friend. She still cannot give any additional details of that scene. Perhaps the whole thing happened only in her imagination. I urge her sternly not to sidetrack the issue. When asked again what really happened on that occasion, she says, "I don't know exactly. I think something similar to what went on in my dream."

Now the nudity episode becomes clear. She wanted to indicate to Leo and her mother in a roundabout way what had happened. The circumstance that she does not take off her underwear represents her wish to correct later what happened during the fateful scene. She keeps her underwear on, while on that occasion she had allowed it to be taken off. Her wrath, when Leo undressed her forcibly is the wrath she should have shown then. (Belated reaction toward a wrong object.) Her odor is also to be taken as a confession. She wants to cry out, for all the world to hear: "I smell. There is something foul about me." Also, her fear of touching anything is a belated correction. ("I wish I had never touched his penis.")

She asks me if these revelations will help her. She cannot see any connection between her illness and that experience.

I again point out that she still loves her stepfather and waits for Leo's and her mother's death before she can meet him again. "I don't need that. All I would have to do is to go to Berlin. He goes there frequently."

I am afraid of her reaction to what came into the open. In such cases it happens quite often that the patient never returns. The next day Leo phones that she cannot come because of a cold. After two days he asks for the address of one of my pupils in Berlin. I assume that she has gone to see another analyst.

After four weeks Leo comes to see me. He claims that the only reason he continues going through all this is that he pities her. She has nobody else. I explain to him that for the patient he is only the object of least resistance, on whom she can display the drama of her life. He should never have given in to her or faced her with an either-or. I said this, knowing from experience that compulsions stop when the objects against whom they are directed disappear.

He promised to return to his home town and take up his practice again. I do not know what has become of them.

The patient's childhood was deeply affected by her parents' unhappy marriage, a fact which influenced her entire life. It is not clear who the guilty party was. I assume that it was the mother, from whom Ethel inherited her vile temper. The mother forbids her to touch anything the father sends her. Her present inability to touch anything which had been in contact with a dead person (and everything seems to have been in contact with dead persons) is "belated obedience" distorted to a caricature. It is the well-known formula: exaggerated obedience as self-punishment. She does not know if her father is alive. This doubt may, of course, have determined her attitude with regard to the problem of death. She does not want to be reminded that her father could have died without her having seen him. She is angry at the mother because of her divorce. For had the mother not left the father, Ethel would never have fallen into the hands of her stepfather.

Mother took father away from her and prevented her from having any contact with him. Ethel avenged herself in the same manner. She took the stepfather away from her mother and did not permit her to have any relationship with him.

The rage which came to the surface during the scene in the street was the expression of her long accumulated anger at the separation from her beloved father.

We must add to Ethel's characterization that she was an only child, that father and mother competed for her love, and that, as a result, she was spoiled and accustomed to having her own way. In addition, there was the fact of her many talents. Already in her early childhood she had to show off with her acting, singing, danc-

ing and rhetorical abilities, and everyone predicted a great future for her.² Moreover, she came from a wealthy family. Every one of her wishes was fulfilled; she had the most expensive teachers; she was exquisitely dressed, and was taken to school by a butler.

At thirteen, this child becomes the victim of a seducer who, on her mother's wedding day, comes to her room and stimulates her sensuality, offering as an excuse the fact that he is her second father. It must be remembered that originally Ethel hated this man because he had robbed her of her mother, to whom she was extraordinarily attached (the homosexual component of her neurosis). But the stepfather fulfilled her secret wish: to share a man with her mother and, even, to defeat her as a rival. Her mother was a pleasure-loving woman and her various visits to health resorts were always pleasure trips in search of love and fun. Perhaps no other love can be as strong as the one born out of hate, since it produces the strongest effect of contrast. Ethel hated every one of her mother's lovers, but none so much as the presumptive stepfather.³

Her jealousy was so great that she could not bear it if her mother bought a new dress or hat, or if she wore any kind of jewelry. She could tolerate her mother as a rival only as long as her stepfather seemed to love her, Ethel. The stepfather introduced the child to every type of paraphilia. He was her teacher in matters of sex and it seems that she was a very tractable pupil. It is never easier to seduce and spoil a girl than during puberty.

The situation was changed only after the maid's letter, containing serious accusations against the stepfather, arrived in Carlsbad. The mother did not believe that the girl was telling the truth. She, too, was sexually dependent on this man and was unwilling to believe anything, least of all the facts which Leo told her. Ethel, however, knew that it was the truth, and so she turned her stepfather's life into a veritable hell when she came back home. He separated from the mother and moved to his own apartment. But Ethel always sus-

² Broken-down ambition—a frequent motive of compulsive neurosis.

³ I know another similar case. A stepfather takes his thirteen year old stepson, who has always hated him, into bed with him. He plays with the boy's penis and finally seduces him. Since then, the boy's hatred has turned into a deep attachment to the stepfather.

pected her mother of seeing him. (Could it be that she, Ethel, visited him after the separation?) She now demanded that her mother obtain a divorce. The mother evaded the issue. But the divorce now became Ethel's dominant idea. Perhaps she secretly hoped in that case her stepfather would marry her, or that she could live with him. She suffered indescribably from the fear that her mother might still have relations with him. She was unable to ascertain this. She was too busy to spy on her mother; in addition, Leo occupied a great deal of her free time. Then she accidentally met the couple in the street. We have described this scene in the patient's own words. She raged as if she had become insane.

From then on, she was dominated by the idea of revenge on the mother and the stepfather. Secretly, she harbored the wish her mother might die. Then she could live together with the stepfather and perhaps marry him.

This thought was not permitted to become conscious. At the last funeral she attended, she saw her stepfather, and her love for him returned. The thought, "When another member of my family dies, I will see him again at the funeral," became a wish. After the death of someone close to them, orthodox Jews sit on the floor for eight days, tear their clothes, and mourn the dead. Ethel's life now became a continual mourning. Every hospital, every ambulance, every funeral procession caused her to think: "The next funeral will be my mother's."

She had to punish herself for these thoughts. To this was added the fact that she stopped masturbating. Her masturbation was tied up with fantasies concerning certain scenes she had experienced, in particular the scene with the two men. She did not want to think these thoughts. She wanted to wash off all the dirt. In this she could succeed only superficially. Inside, she remained dirty and knew that she was tied to her stepfather. (The symbolism of the shoelaces! Her stepfather had also once put her shoes on her when she could not get it done quickly enough. Perhaps during the scene at the friend's house?)

The case is still full of riddles. Ethel has related only fragments

confess. But she wants to be cured of her disease without surrendering her experiences and fantasies and the neurotic way in which she handles her conflicts.

I had no alternative but to tell her the truth and to prove to her by way of transference that the sexual pleasures she had enjoyed with the stepfather were unforgettable to her. She thought that sex had ceased to play a role in her life because Leo did not excite her. Leo's love made her feel secure and protected; but since he was unable to rouse her passion to the same degree as the stepfather, he was actually an object of contempt for her. Women of Ethel's type appreciate men only when they treat them with brutality. Leo is sensitive, nice and charming—but in Ethel's eyes he is not a man.

When I saw Leo, I once again became aware of the great tragedy of the physical. A girl has the choice between a remarkably handsome, sensitive and intelligent young man whose love for her is so great that he is prepared to sacrifice his life and his career to her, and an elderly, vulgar, vile, but shrewd and experienced merchant. And this depraved old man turns out to be the winner in the struggle for the girl's heart, because not the heart, not the intellect, but the senses decide; because sexual gratification leaves a deeper imprint than joint intellectual experiences, and because the physical gratification demands constancy.

In his famous words, which I must recall here once again, Nietzsche succinctly defines the problem of the repetition compulsion: "...for every lust wants eternity, wants deep, deep eternity." Our intellect, our so-called ethics, morals, religion, esthetics, culture—they all fight vainly against the powerful compulsion of the physical. Ethel cannot go to bed at night because the bed reminds her of the pleasures she experienced with her stepfather. But in spite of the fact that she sleeps in a chair, her fantasies and memories return. She may wash and clean herself a thousand times, she still must repeat Lady Macbeth's words that all of Arabia's scents could not remove the bloodstains on her hands.

No normal woman could understand how it was possible to even hesitate in the choice between the two men. Yet Ethel

would still decide for her stepfather if she were able to do so without inhibition.

The decisive scene which sets the actual illness in motion is frequently hidden behind the patient's compulsive rituals. The patients stage an act for us, as Ethel did for me, and will do so for other doctors, to hide the true nature of their illness. They are ashamed of themselves; they feel so humiliated because of their dependency upon the physical that they try to *cover up* the core of their disease with a tremendous superstructure.

All these cases are tragic because the conflict between intellect and instinct appears insoluble. It is common to all such patients that the actual conflict is not conscious. Ethel, too, claims not to be aware of the fact that she still desires her stepfather. She does not want to be aware of it because she hates and despises this man. The tragedy consists in the compulsion to love someone whom the ideal ego rejects. The instinct ego insists upon its demand. The ideal ego refuses to recognize the demand. It comes to a violent struggle between instinct and ideal with the result that both are defeated. Neither ideal nor instinct is granted the rule over the psyche. Each rules a part of it; sejective processes take place which may eventually lead to a disintegration of the personality. The conflict does not always express itself in a compulsion. Frequently such people consult analysts because of severe depressions, or because they are tired of life, apparently without motivation; often they had been married and were divorced because they discovered that it was impossible for them to go on living with their partner. They hoped to make a fresh start after the separation and now suffer from depressions despite it. None of these patients will admit that there is a physical tie to the erstwhile partner.

These people are ashamed of their sexual dependency. They do not want to admit that they have become slaves of organic sensations.

Ethel punished herself for the fact that her stepfather had touched her, by not permitting anyone to touch her or to take into her hand anything that might be unclean (*angoisse de toucher*).

The next case represents a counterpart (*folie de toucher*) and a supplement to the previous one.

Case No. 45. (Published in Vol. III, 3rd German edition, *Case No. 30*, in the chapter "Latent Homosexuality and Masks of Homosexuality.") The patient is a thirty-two-year-old inventor who must perform a detailed inspection of his home every evening. He checks the door twenty times so as to see that it has been locked properly. The most important part is the touching of the door and the doorknob. He opens and then closes all closets and wardrobes. He inspects and touches the windows in the same way. Then he must see if all objects are placed correctly. He lifts each object, then tries to put it back upside down. He then replaces it in the normal position, while saying the formula, "This stands alright. This cannot be turned upside down."

Analysis revealed the homosexual component of the compulsion. The patient had had an affair with his cousin at a time when he was already grown up. When I published the case (1923), I had already become sceptical of the statements of patients who do not want to remember. Accordingly, I wrote, "I wish to give one example of how little trust we can place in the statements of patients who present us with an extensive report on their life, who claim to remember everything and that a certain event had never taken place. All people lie where matters of sex are concerned, whether they do so consciously, unconsciously, or paraconsciously." Thus the fact that this patient had had an affair, for six months, with his cousin, that the cousin had come into his bed, and that they had played with each other's genitals, was not established until three months after the beginning of the analysis. During all this time the patient emphatically denied the presence of any homosexual tendencies. He was a Don Juan and had repressed everything pertaining to homosexuality.

His touching compulsion stems from his desire to touch the male genital again. This is the reason why he turns all objects upside down: he wants to see if they can also stand up "the other way."

To this patient's repetition compulsion we may apply the formula which I evolved in *Psychosexual Infantilism: Compulsions are substitutes for other desired actions which are strictly forbidden by the moral ego. The affect connected with the suppressed action is transferred to the substitute action. Since the substitute action is only a symbolic illustration of the intended action, it can never give full satisfaction, and thus the need for it never ceases.*

Our patient is married, has numerous affairs with other women, but he permits only manual gratification. Why? Because his memory seeks for the pleasure he experienced with his cousin. Why does a woman's hand fail to give him the same satisfaction as his cousin's touch? Why was that impression so strong that it threatened to break up the patient's marriage and to drive him to suicide? He desires a repetition of the experience, even though it may not be connected with the same gratification.

It is a fact that the original orgasm cannot have been very considerable. The patient intensifies it in his memory (the good old times!) and it is enhanced by masturbation fantasies. Women have confessed to me that they were unable to forget a particular experience although at that time they did not achieve an orgasm. They endowed the experience with an orgasm later, in their fantasies.

It is predominantly masturbation which turns an experience (through repetition) into a trauma. It is needless to point out that I consider masturbation as physically harmless. But, still! While it does not affect the physical side of sexuality, it does influence the psychic part of it. Masturbation connects an experience, in itself devoid of pleasure, with pleasurable sensation which then becomes the root of a repetition compulsion.

In the above example the patient reenacts the contact with his cousin's penis. After the completion of his ritual, often as late as three o'clock in the morning, he goes to bed exhausted, wakes his wife and has intercourse with her. It is evident how he must charge himself with desire and how he has to displace his libido from the

homosexual to the heterosexual sphere. His compulsive repetition is proof that he achieves only a pseudo-gratification and that he always seeks the old impression. (The patient was completely cured. Catamnesis after eleven years showed total disappearance of the compulsions.)

It is interesting that a single impression (touching of the genitals) can cause two types of neurotic symptoms. As the consequence of a traumatic experience connected with touch, either a touch phobia may arise, as in Ethel's case, or a touching compulsion, as in our last case. Fear and compulsion are closely related. Any attempt to master the compulsion, causes fear. In the case of the inventor there was also fear present. It manifested itself in the fact that he was always afraid he had not performed the ritual correctly. He then had to touch the door again twenty times.

The fact that all patients who suffer from a washing compulsion are actually dirty is in accordance with the bipolarity of their affects. There is always some part of their body which they neglect to wash. They always leave a door open for the neurotic doubt. I mentioned in *Masturbation and Homosexuality*, in the chapter concerning hypochondriacal anxiety states, that this hypochondriacal anxiety is an obsession and that, excepting their specific anxiety, these patients are very careless about themselves. Thus a man with a phobia of catching cold takes a trip to the South while suffering from an acute nephritis. He claims that the South is warmer and that one is liable to catch cold in Vienna. The compulsive idea is charged with affects, it is an overcharged idea. It cannot be approached with logical reasoning.

All compulsives have the tendency to force others to participate in their rituals. They turn to those persons with whom

they expect to find the least resistance. In Ethel's case, only Leo was pressed into the service of her compulsion. I know of other cases, however, where the patients forced the entire family to recognize and submit to their compulsive ideas.

Case No. 47. The patient, Hans R., is a seventeen-year-old native of Cracow, Poland. He announced one day that he was unable to attend school any longer, that he had an insurmountable fear of the school and everything connected with it. This fear assumed such grotesque proportions that his whole family suffered under it. He developed a severe washing and disinfecting compulsion. Any resistance against his compulsive actions was met with such violent outbursts of temper that the members of his family became frightened and gradually submitted.

Hans was sent to Vienna and brought to me for analytic treatment. He is a remarkably sturdy boy, looking older than his age; his features are irregular, as is often the case with compulsives. He comes from healthy parents. The father, a merchant, is weak and good-natured; the mother rules the household. She is energetic, rather nervous, and frequently suffers from attacks of migraine. The patient has a sister who is a year and a half older than he, very pretty and talented, the pride of the family. He was always jealous of his sister who is an excellent student and is frequently held up to him as an example. There is strong rivalry between the two.

Hans had always been defiant. As a child, he had a tendency to temper tantrums; he was hypersensitive, stubborn, and threw himself to the floor and kicked when he could not have his way. He made good progress at school, however. Although he was no outstanding pupil, he never failed. In the course of the last year, before the onset of his disorder, he became absent-minded and showed lack of concentration. He faked illnesses in order to avoid having to go to school and having to do his homework, a task which he had always resented. Even before the outbreak of his compulsive neurosis, Hans expressed the wish to leave the *Gymnasium* and to attend a commercial school so as to be able to take over his

father's business one day. His parents decided, however, that he should first finish the *Gymnasium* and go to a commercial school later on.

Hans has built up a complicated "system" for himself which revolves around the school. He cannot explain how his fear of the school originated. Everything connected with school has become a dangerous poison and must be disinfected. At the start of his illness, he burned all his books and other school supplies. He also wanted to burn all the clothes he had ever worn to school. Only when his mother appealed to him did he abstain from doing this. Consequently, all his suits, underwear, ties, socks, etc., were packed into a big case and put up in the attic. He made his parents promise that they would neither give away nor sell any of these things. He received an entirely new outfit.

A few months later, the dreadful suspicion arose in him that his parents might have sold some of the infected objects. He ran up to the attic and when he did not find the case, he had such a fit of rage that his family feared he would hurt someone. He did not even calm down when he was assured that the things had been sent to another, distant, town. In the first place, he resented the fact that his parents had dared to defy his will; in the second place, he was afraid the objects might again come into contact with him in some roundabout way. He demanded that everything be returned to him so that he could burn it. Some of his things could be recovered in Cracow and were ceremoniously burnt before his eyes. After this incident he came to me for treatment.

Hans used similar tyrannical methods on his father regarding the latter's activities. He did not permit his father to see anyone who might have a son or some other relative at school. Hans developed a really amazing ability to detect connections between the school and certain persons. His father had a friend, Mr. Graf. Mr. Graf was already old and had no relatives at the school. But Hans discovered a link. Mr. Graf's doctor was also the house-physician of a family whose children went to the tabooed school. The idea was that the physician might carry the "school poison" from that family to Mr. Graf, who would then infect the father. Thus, Hans would

not allow his father to see Mr. Graf. Since the father was a merchant, the situation became very difficult for him. How could he avoid seeing all these "infected" persons? In order to pacify his son, he had already stopped going to the coffee house. But, after all, he could not lock himself into his store like a recluse. Hans found a way out. His father's clothes had to be disinfected. In order to do this, Hans needed alcohol. It was during the war and alcohol was expensive and hard to get; it has to be bought on the black market. Hans did not care. He wasted two pints of alcohol every day. The clothes were cleaned according to specific rules (which he wrote down for me but which I have been unable to find among my papers). The brush was dipped into alcohol, then the clothes (as in Ethel's case) were thoroughly scrubbed and brushed and hung up to dry. The father had to put on a different set of clothes when he came home.

When Hans went out, he avoided meeting any of the other students of the school. If he saw another pupil on the left side of the street, he rushed over to the right side. But then the doubt arose if he had not touched the boy after all. Then he had to repeat the disinfection process even more thoroughly.

He had similar experiences in Vienna. He saw someone in the street who, he thought, could be the father of a former classmate. The man was walking on the other side of the street, but Hans still asked himself doubtfully, "Did I touch him?" (On the basis of our past experiences, we know that it was a matter of displaced doubt: "Did I touch anything forbidden?")

In the beginning, the analysis progressed with great difficulties. Hans produced new symptoms all the time. He arrived in Vienna in autumn. It got cold. His old winter coat had supposedly been burned and anyhow, it was taboo. Hans was to go to a tailor to order a new coat. He postponed his visit again and again for fear that he might meet someone there who came from Cracow and who had some connection with his school. Finally, his relatives arranged for him to go to the most expensive tailor (nobody from Cracow would go to such an expensive tailor!) early in the morning, before anyone else was at the store. This plan was not easy to carry out,

since Hans spent more than two hours every morning with his washing and disinfecting rituals. At last he **was** able to go to the tailor. It took another month before he went to have his first fitting and he picked up the coat only at the end of his analysis, after he had completely recovered.

He always came to my office in a light over-coat, at a time when the cold was most severe. He washed naked in his room, he ran around half-naked for hours in order to disinfect everything, but his physical health could not be undermined.

He lived with an aunt and an uncle whom he loved very much. They, too, had to subordinate themselves to Hans' will. However, I arranged that he had to overcome a gradually increasing number of obstacles in order to fulfill his compulsive needs. Thus he was told that it was impossible to obtain sufficient quantities of alcohol in Vienna.

As the analysis progressed, Hans became more co-operative, unless some encounter caused him to display an affective reaction. His greatest worry was that I might treat someone from Cracow and that my office might be infected with the school poison. He wanted me to promise that I would not accept any patient who came from his home town. (As a matter of principle, I never give in to such attempts at blackmail.) I permitted him to see me during my first hour at the office which, at that time, was a rather late one. My work as the chief of the neurological department at a hospital kept me busy during the morning. Therefore, Hans came to my office after twelve o'clock and never omitted to ask me if I had not treated someone from Cracow at the hospital.

He was reluctant to talk about his sex life. He admitted that he began to masturbate at the age of twelve. One of his classmates had seduced him in the school toilet. Since he later made great efforts to combat masturbation, it appeared logical to connect this "first lesson" at school with his fear of the school. It represented his fear of masturbation. He dreaded masturbation because he was afraid of contracting some spinal disease that way. This solution did not help much. It is a characteristic feature of compulsions that the best solutions often have no effect on the patient. Hans

clung to the past as was indicated by the fact that he was reluctant to pick up his *new* coat.

One day he related an important incident which had taken place at his school. It was a week before the outbreak of his illness (or perhaps it was only a day. As mentioned above, I have lost my notes on this case and am writing it down from memory.) His classmates were talking about girls. One of them told of a very pretty girl he had seen and said that he was following her around. The others, too, spoke about their girls. Then one of the boys, whom Hans had mentioned frequently in connection with his early dreams, said: "Hans does not need this sort of thing. He sleeps with his sister!" The others roared with laughter. Hans was terribly embarrassed. He felt like hitting the boy.

Now everything was clear to me. The school stood for masturbation and incest with his sister. Had he not masturbated with the fantasy of having intercourse with her? Then the two complexes would be united into one. He also admits this fantasy.

From this day on, he begins to hate his "system." He is willing to give it up if I can get him permission to take four baths a week. (This was during the war and the number of baths per person was restricted.) The officials had no understanding for this sort of thing. It was hopeless to apply for such permission. Nevertheless, his uncle tried to obtain it with the aid of a certificate which I provided. Of course, he was unsuccessful.

Hans started to bargain again. He reduced his demands to one bath a week....A few days later, he came to tell me that he was cured.

I could never find out if anything had happened between him and his sister. I know only that she was about to become engaged before Hans became ill and that his illness was his way of revenge for her engagement.

I met Hans accidentally in the street three years later. He looked very well and was exceedingly well dressed. He confirmed that he was completely cured and told me that he was working as a bank clerk after attending a commercial school in Vienna for two years.

In Hans' case, the continuation of his compulsion was prevented

by depriving him of the means for it. He did not receive sufficient alcohol to enable him to continue his system. To fight his compulsion, a counter-compulsion was used.

The rivalry with his sister, who also studied at the *Gymnasium*, was an important factor in his illness. He hated his school and, with the aid of his disease, finally forced his parents to send him to a commercial school. I advised his parents to let him stay in Vienna. Hans was very pleased about this because even after his recovery, he still shied away from Cracow and the school, although he knew then that it represented homosexuality, masturbation and incest.

Two days after he had given me a detailed description of his "system," he gave it up, out of his own free will. (I have observed this phenomenon numerous times since. Usually, we are told about fragments of the system only. Once the patient gives the entire "system" away, there is hope for an early recovery. The secret is then no longer a secret.)

I should like to add that the patient's money complex ("If my sister dies, I'll inherit everything") played a great role in his case, and that his attitude regarding his sister was ambivalent. The patient vacillated between love and hate.

We may ask what would have happened if Hans had had strict parents, if his father had beaten him and forced him to attend school. I know of such cases and some physicians have reported resultant successes. These are pseudo-successes.

Such pseudo-successes can be achieved by putting up resistance against resistance. In any event, it would be a question of resistance at the beginning of the disorder. *Principiis obsta!* I know of cases where men refused from the start to recognize their wife's illness. Frequently, a complete separation of the partners' lives occurs. The wife disappears into the bathroom for the entire morning to perform her rituals there. Compulsions cannot be cured by force, they can only be temporarily suppressed. In one case, a father became angry with his daughter who was suffering from a washing and touching compulsion,

and called out to her, "I'll stop your foolish tricks!" Then he took a stick, with which he severely beat the nineteen-year-old girl. She happened to be a masochist and this scene complemented one of her masturbation fantasies. Her obsessions and compulsions disappeared for two years. Instead, she masturbated with the fantasy of her father beating her. After his death, masturbation stopped and the compulsions returned in an even more severe form than before.

As long as the patients see that they can tyrannize their family and their environment, they will never give up their compulsions. Ethel is a case in point. As long as Leo remained her slave, she sabotaged analysis because she was afraid that it would take her slave away from her. It was for this reason that she did not permit Leo to see me.

Only when the family rebels against the patient's despotism and his life becomes unbearable because he can no longer perform his rituals, has the opportune moment for analysis arrived. The good analyst will consider the environmental factors, in addition to the progress of analysis. He will organize a secret resistance movement against the compulsion within the family. Of course, the patient must not know that the analyst is in back of this resistance. Sometimes, such measures are absolutely essential. Frequently, a mere change in the environment is accompanied by improvement, since many patients are ashamed to perform their ceremonies in the presence of strangers. However, there are many cases where I permit the patient to remain in his environment, and where I attempt to obtain a cure through analysis only, without the exertion of any counter-compulsion.

The compulsion neurosis shows the human being in the struggle against his instinctive nature, his body. He takes revenge upon his body by violating it. If the instinct for nourishment is the strongest drive in the individual, the irre-

sistible compulsion, he will attempt to prove that he can overcome it. Even the sex instinct can apparently be conquered. Frequently compulsives tell me that they are asexual, that they have not felt any sexual sensation in years. In this respect, as in many others, compulsives resemble epileptics. I would like to emphasize at this point that we can often see that epileptics develop compulsions, after psychoanalysis has succeeded in eliminating their seizures. In both, epileptics and compulsives, their sexuality withdraws into secret corners of their psyche. They appear to have defeated the physical. But both prove that it is a matter of enforced asexuality. The epileptic expresses his sexuality in his fits, the compulsive in his compulsions. We often find the formula: "If I cannot reach a certain sexual goal, I will deny myself other gratifications." We have already mentioned that the compulsive wants to re-experience past events. It is the tragedy of compulsion that it derives from a physical impression and that it robs the individual of his free will. The motor energy which stems from this impulse is displaced to the compulsion. The intellect recognizes the irrationality of the impulse, and illustrates it by compelling the patient to perform irrational actions. There is always the following equation behind the compulsion: "You see what a stupid game it is that you are playing? What you actually want to do is just as stupid."

But what is the intellect against the affect? What is a fantasy against an instinct? The physical is stronger than will, reason, logic, religion, and everything else produced by the intellect. It is the same as with a boy's struggle against his need to masturbate. He swears to abstain, he is full of good intentions, he creates obstacles for himself—but he still succumbs to the power of his drive. Behind disguised compulsions is the will to masturbate. The touch phobia is the fear of touching one's own genitals; and the touching compulsion is an inadequate substi-

tute for this wish. Masturbation is proof for the compulsive force of the sex instinct. The image of masturbation is connected with the image of soiling oneself (self-defilement is equal to emission). Who would doubt that compulsions satisfy infantile sexual drives? Ethel is a mysophile. She derives her gratification from the dirt in which she is living. Such patients are in a position to renounce their sexuality because their compulsions provide sexual gratification for them in small quantities. Thus, the defenses against sexuality themselves turn into sexuality. From the struggle between the spinal cord and the brain, between instinct and intellect, the instinct emerges victorious. Eros cannot be defeated by Logos. It may appear that Eros has been rendered harmless by reason but in the end he always reappears in some disguise.

This struggle between the spirit and the flesh has been raging ever since people created a civilization for themselves. All civilization is a struggle against the physical. What a tremendous effect some physical inferiority may have upon our lives! Some bodily defect such as a clubfoot,⁴ a hunchback, an abnormality of the nose, being short or being tall, may determine our entire existence.

Compulsions illustrate the triumph of reason over the soma. But it is only a pseudo-triumph, a Pyrrhic victory which the compulsive achieves and for which he pays with his life. We can see the arbitrariness of the actions of fate. One person goes calmly through life, no experience disturbs him especially. Another individual has a single experience, charged with pleasure, and it becomes his doom. He is psychically infected and cannot rid himself of the infection.

Now we can, perhaps, understand the infection fear of our patients. They are already infected (as Ethel is infected with

⁴ In his novel *Of Human Bondage*, Somerset Maugham gives an excellent description of the tragedy of a man afflicted with a clubfoot.

the problem of death), and they are afraid of spreading this infection. The repetition compulsion manifests itself in two forms: "I want to experience the past myself," or "I want to experience it in someone else, I want to repeat my experiences in his." This is the fateful *neurotic chain*, which is the subject of Chapter XII. Individuals who experienced a sexual trauma as children may show the tendency to reenact it with one of their own children. "This is the curse of a wicked deed that, without fail, it must beget new evil."

Chapter Eleven

*

THE LIQUIDATION OF THE INCEST COMPLEX

*Let's begin the feast of scrubbing,
Let's clean out the ancient nest,
Let us brush and dust and scour.
Superstitions, fairy-tales,
Prejudices—all these cobwebs
Clinging fast to every corner,
Cramming the entire house—
Now we must get rid of them.*

LÖNS

VARIOUS INCIDENTS of the past years compel me to put down my opinion regarding the liquidation of the incest complex. I have made the observation that in analysis the term "incest complex" is frequently applied falsely. Freud held the view that the Oedipus complex is the basic problem of every neurosis. This leads many analysts to believe that their task is ended once the patient has discovered and consciously recognized this complex. I do not wish to discuss the fact that this is a one-sided view and that, aside from the incest complex (the ties to the

¹ As a follow-up to the chapter "The Tragedy of the Physical," I herewith present a chapter dealing with the tragedy of incestuous ties. First published in *Fortschritte der Sexualwissenschaft und Psychoanalyse*, Vol. III, 1926.

family), there are other conflicts whose resolution is sometimes more important than to prove to the patient that he is in love with his mother. Such superficialities make psychoanalysis an easy target for its opponents.² It is beside the point whether the patient recognizes and accepts the existence of the incest complex. The important question is whether *the patient, if he suffers from it, will be able to overcome his fixation*. I say, "If he suffers from it." We forget all too easily that every normal person has family ties. Absence of such ties may be regarded as an innate or acquired defect. The family is the school of love. Every person who wants to become a useful member of society must pass through this school. Only when the incest complex interferes with the individual's ability to love may we consider it pathological and it is then our duty to attempt to change the patient's attitude.

Analysts picture this process of resolving the incest complex as an easy one. When reading the published case histories one might gain the impression that the conscious recognition of the incest complex is identical with its liquidation.

This is absolutely false. Analysis uncovers the conflict. It reveals the cause of the patient's inability to love. What happens then is beyond the realm of psychoanalysis. It is up to the patient himself.

During analysis, it often seems that the patient has freed himself of his fixation to the family. But it only seems that way. As long as he is under the influence of transference, the patient acts out his family complex on the physician. Yet in his fantasy he remains fixated. He stages the old play, with the only difference that the physician assumes different roles. But what happens to the patient when the transference subsides after

² A Viennese psychiatrist was consulted by a patient who had been unsuccessfully analyzed for many years. The psychiatrist, who was an opponent of psychoanalysis, told him scornfully: "What did you find out? That you are in love with your mother. I could have told you so right away."

completion of the analysis? How does the incest complex resolve itself?

There are patients who, in the course of their analysis, fall in love with someone outside their family as a consequence of the rejected transference and their readiness to love. Some patients get married shortly after they have finished their analysis, or they find other love objects. Unfortunately, these patients comprise only a small number of our cases. It would be interesting to examine analyzed persons catamnesticly on a large scale. Such statistics would prove that many of these patients have remained the slaves of their family, and that only a small percentage succeeded in freeing themselves of the ties of the incest complex.

I have had occasion to make a large number of observations in this field. People from all over the world come to me for advice because their previous analysis failed to help them. Some of these patients cannot be cured. It is not the fault of their analysts. Analysis simply cannot fulfill every demand. There are limits to its powers. Most of the patients are ill because a "secondary repression" has taken place. They believe that they have resolved their incest complex; they examine themselves and cannot find any indication of it. But actually they still have their former complex. In some cases, analysis has even aggravated this condition because it intensified the patient's daydreams. The complex, temporarily exposed to the light of consciousness, has only withdrawn into deeper preconscious and paraconscious levels. In the polyphony of thinking and feeling it assumes the middle voices.

Many analyzed people complain that their absent-mindedness has become worse after analysis, that they have a great need for sleep and a tendency to daydreams, the content of which is unknown to them. This phenomenon can be explained easily. Formerly, Mr. X. could think of his sister without being con-

scious of an incestuous wish. After analysis, the mere thought of the sister is examined, the incestuous wish is censored and rejected. The thought then manifests itself in the paraconscious contents of the daydreams. X. is not permitted to have incestuous desires any longer. He is supposed to have overcome them. The dream life, too, may undergo a change after analysis, in the sense that a stronger repression may take place. Before his analysis, Y.'s dreams had an obvious incestuous content regarding his mother. After analysis, his dreams may lose their overt character: the mother then appears in various disguises.

Conscious recognition is not identical with recovery and liquidation of the incest complex.

The analyst must ask himself to what extent the complex can be resolved altogether. It seems that this question is always answered in a very positive manner, while my experience shows that there are also irresolvable incest complexes.

In the first place, we must decide whether we have the right to work towards a resolution of such fixations. Sometimes there are indications which make a resolution appear undesirable. We must always remember that we must not confront the neurotic with a task he is unable to fulfill. Nevertheless, this is often done.

I shall present a simple example. Miss B. shares an apartment with her brother. They get along very well. They have common artistic and social interests. They have—a fact the importance of which we must not underestimate—many memories in common. Miss B. suffers from insomnia and lack of appetite. Analysis reveals that she is troubled by fantasies that her brother should come to her at night and make love to her. The lack of appetite is due to her fear of pregnancy which made her consider fellatio as an alternative. In the course of analysis the neurotic symptoms disappear completely. She recognizes the incestuous ties to her brother and is able to deal

successfully with their sexual aspects. She continues to live with her brother but the irritability with which she had reacted to him at every opportunity has entirely subsided.

The main thing is that both brother and sister are happy and do not desire any change in the situation. They are efficient, they fulfill their social obligations and do not show any neurotic symptoms. They know that they will not separate and they know that their relationship will always remain a spiritual one. They are resigned to this.

Such ideal results are not always achieved. I have seen many patients in similar situations whose analysts recommended separation from the brother, and marriage. The consequences were: unhappy marriages and unhappy people. Some cases ended with suicide or drug-addiction.

It is, therefore, our duty to examine each case in order to determine whether or not a resolution of the incest complex—I am speaking of a complete liquidation—is possible, and whether the patient will not pay too dearly for it. We should remember that in making our decision, we must consider not only the social indications, but also the joy of life. We must strive toward elimination of disturbing sexual fantasies, to achieve sublimation and to preserve the spiritual ties.

Frequently grave mistakes are also committed during analysis. I have observed how my pupils gave such false advice in the course of analysis. A thirty-year-old clerk who shares the apartment with his parents was induced by his analyst to separate from them and to rent his own room; all this, because the physician had diagnosed a strong fixation to the mother. All three members of the family suffered financially under this arrangement. The income of all of them put together had enabled them to live modestly but without worry. The new situation, however, created financial complications. They all had to make sacrifices in order to follow the analyst's wrong

advice. In the first place, the patient had not progressed far enough to be able to become independent; he was still in the midst of his analysis. In the second place, he must resolve his mother complex *with* his mother, if he can resolve it at all. Things would have been different if the patient, with his regained capacity for love, had fallen in love with some girl. In that case, the detachment from his mother would have gone hand in hand with his fixation to a new object.

It is a mistaken idea that separation in itself means freedom from the fixation. We are too likely to forget that in his daydreams the patient annuls the fact of separation and reunites himself with his love object in a fictitious world. I am thinking of a twenty-six-year-old painter who had been advised to separate from his mother. He went to London where he lived for six months without his mother. When I saw him later, he confessed that during all that time he had been living with her. Her letters became the center of his thinking and feeling. Every time he went to a picture gallery, he thought: "How would my mother like this?" or, "I must show this to Mother." It was agreed that his mother should join him after six months. All this time was only a preparation for the mother's visit. In his fantasy he acted out everything he would do with his mother when she came to London. The two weeks he spent then with her gave the six months the character of fore-pleasure. It must be admitted that such a situation cannot be called a liquidation of the incest complex.

It would also be false to think that resolution was only a matter of time. *Unfortunately, infantile ideals and the wishes deriving from them are not subject to the corrosion of time.* Quite the contrary; since these complexes are usually connected with masturbation, they are progressively intensified until they assume the character of a fixed, overcharged idea.

After an unsuccessful analysis, we sometimes encounter the

distressing symptom of an affect bloc. The patients complain that they have lost their affective capacity, that everything leaves them indifferent, that they are unable to produce any intense emotions. This is due to the fact that *a repressed love affect may cause what appears to be an affect bloc*. (The repression of a hate affect may produce similar symptoms.) The patients act out their affects in their fantasies and dreams which are highly charged with affects. On minor occasions, the pent-up emotions may break through, betraying their origin through the (usually repressed) association.

One of our patients, afflicted with such a complete affect bloc, was overcome by a powerful emotion while reading some inconsequential notice in the newspaper. He was ashamed of himself because he felt like crying. The notice was about Gerhart Hauptmann's return to the Riesengebirge in order to write a new play. The patient could not explain his outburst. Analysis revealed that he had spent the happiest days of his life in the Riesengebirge with his sister. Moreover, they once went together to see a play by Gerhart Hauptmann which moved them deeply. They were both enthusiastic and happy in the knowledge that they shared the same thoughts and feelings. To understand together means to understand each other. What was it that caused the patient's affective reaction to the notice in the paper? The association to the sister released the blocked affects and caused the patient's strong emotion. His thoughts may be expressed in the following words: "My sister is lost to me forever, and the wonderful times will never return." It is remarkable in this connection, that after his analysis had been completed, the patient believed that he had given up his fixation to the sister. The secondary repression did not permit him to think of his sister openly. Consequently, he was not permitted to become aware of the fact that his emotion concerned her. The memory of the happy days spent with his sister was not

allowed to become conscious. It could recur only in the in-between state of daydreams.

The resolution of an incest fixation caused by the ties created by common childhood experiences, without actual sexual intercourse, is a difficult, if not the most difficult, task for the analyst. However, the resolution becomes almost impossible when the incestuous relationship existed not only in the patient's fantasy, but in reality. Within the past years, we have had occasion to observe many cases where intercourse between brother and sister had taken place. A large percentage of these patients proved to be incurable.

Let us consider the case of a physician who had become impotent. Between the ages of fourteen and seventeen he had had intercourse with his sister almost every night. His sister had escaped from this relationship into marriage, a possibility always open to women since their part in intercourse is only a passive one. (However, they usually are, and remain, unable to experience any sensation.) In the course of his analysis, the patient related the facts of his incestuous relationship. He said: "When I think of my sister, which I always do when masturbating, I have painful erections. Other women do not exist for me." He had made the mistake of getting married. Although he loved his wife as much as it was possible for him, considering the intensity of his fixation, he remained impotent with her.

Recognition of the incest complex does not help. We must be able to overcome and to reject the wish for repetition. Perhaps a sister-image could have saved this patient. But he had chosen according to the law of contrasts. Thus, in the course of his marriage he became a Don Juan of his fantasy. He knew and flirted with many women. But all these women with whom he wanted to deceive his wife were only sister-substitutes and represented "the other one" who was unattainable for him. With none of them did he actually have intercourse.

A twenty-six-year-old girl suffers from states of confusion during which she can see people only indistinctly. These attacks pass rather quickly. They do not handicap her in her work, but she is unhappy because she cannot really see things. She doubts reality. She had voluntarily entered an insane asylum but was discharged as "normal" a few days later. After the first few sessions, analysis reveals a strong fixation to her brother. Unfortunately, they had had intercourse several times in which the brother, as the older one, took the initiative. She claims, however, that she has broken off this relationship because she believes that he has a bad character. She might like him as a man but not as a person. She is now "deeply in love" with a young man. For days, she talks only about her lover. It is noteworthy, that she has no sensation in intercourse with him, while she reacted strongly to her brother. It soon turns out that her lover is a brother-image to whom she transfers her love affect. This transference, however, is not strong enough to permit her to achieve orgasm.

In the course of treatment, I began to suspect that she continued the sexual relationship with her brother all during the analysis. She experienced these recent incidents in a somnambulistic state, and the memory of them recurs as a daydream, disturbing reality. Since she has devalued a reality situation and turned it into a dream, every reality becomes a dream for her.³

Her consciousness and her moral ego reject the incestuous relationship. Her mind is split: she experiences the incest in a somnambulistic state and condemns it in a waking state. There are certain periods of her life when, driven by some dark impulse, she has promiscuous love affairs. But she is never able to feel anything with any man. She cannot free herself

³ A repressed reality situation becomes the root of doubt. The patient is a doubter. She also doubts that she is her father's daughter. This doubt reduces the distance to her parents.

from her fixation to the brother. Her conscious moral ego struggles unsuccessfully for a termination of these relations.

The analyst was faced with a complicated task. How would she react if she were made to realize that she left her door open at night in order to make it possible for her brother to come to her, and that in her somnambulistic state she even went to her brother's room? Consciously, she was determined to commit suicide rather than have intercourse with her brother. Only the division of her mind permitted her to continue the relationship while condemning it at the same time. (During the day she firmly rejected her brother's advances.) In this case, separation from the family appeared as the only solution. The patient, however, was reluctant to follow this advice. She claimed that she was financially dependent on her brother, that her mother would never permit a separation, etc.

We carefully attempted to make her aware of the incidents during the night. She eluded all these efforts. She wanted to talk only about her lover. When the analyst refused to let her speak about this topic, she found a multitude of other subjects of conversation, all of which evaded the basic problem.

These are the complications with which the analyst is confronted when incestuous desires have been realized. According to my experience it is hardly possible to sever such ties. And if separation is achieved, some of these patients commit suicide, while others become drug-addicts. I repeat: even separation is no panacea for this unhappiest of all unhappy love relationships.

The next case, which ended tragically, illustrates the impotence of analysis because it concerned an analyst.

The patient is a forty-year-old scholar who suffers from dipsomania. During puberty he had had intimate relations with his sister, lasting several years. After a homosexual phase, in the course of which he completely withdrew from women,

he became a Don Juan, for which his profession gave him ample opportunity. All this time he was separated from his sister, whom he saw for only short periods during vacations. After the death of his brother-in-law, the patient developed a severe depression. He was married, and his wife expected a child. But now his sister was free and he had never given up his plan to share his life with her. An attempt to resolve this fixation through analysis failed because the patient discontinued the treatment after two weeks. Since, on the one hand, it was impossible for him to separate from his wife and, on the other hand, he realized that he could never be happy with her, he committed suicide.

I could offer even more evidence for my point of view. In cases where suicide occurs after a severe depression, similar constellations can frequently be observed. In all my cases the presence of an actual incestuous relationship made a liquidation of the complex impossible. The capacity for orgasm was dependent upon the one specific condition and was also achieved during masturbation only when the infantile scenes were reconstructed (often in a roundabout way). In all these cases, the incestuous relations took place during or after puberty. On the other hand, patients who had had early infantile incestuous relations, offered a far better prognosis. I saw many of them recover completely and successfully resolve their complex.

It is an interesting fact that death does not always bring a resolution of these fixations. I recall the case of a cocaineist, also a physician. Analysis revealed a homosexual trauma with the father who was an alcoholic. Once, while he was intoxicated, he abused his son. Both, father and son, became cocaineists. After the father's death, the son always re-experienced this episode when he was under the influence of cocaine. In the cocaine narcosis, he completely annulled reality. This patient,

too, tried to avoid a psychoanalytic treatment. He continually interrupted it and had repeated relapses.

I have no doubt that, in the long run, analytic education will be successful in the treatment of addiction. Success is possible only when the patients relate their daydreams. Often they refuse to do this. They escape analysis under all sorts of pretexts. They even go so far as to pretend that they are completely cured of their addiction; they assure the analyst of their ever-lasting gratitude and appreciation, and they promise to send him other patients. But they claim that urgent work is waiting for them, that they have to leave for home, that their financial situation is critical; they present ethical, moral and social arguments; they promise to return soon, to write in detail—and as soon as they are home they again become the victims of their addictions. One of my colleagues told me in despair that he had again succumbed to the power of cocaine; he had finally decided to follow my advice to undergo a thorough analysis. He made an appointment with me and—entered a sanitarium which he had formerly claimed could not cure a cocaineist because the nurses could be bribed into procuring the drug for the patients.

Drug addicts master the art of lying to an uncanny degree. They are excellent actors. They also deceive themselves as to having resolved their incest complexes while they act them out in their drug-inspired fantasies. It is exactly this split in their consciousness which makes the drugs indispensable for them.

Perhaps it would be best to treat drug-addicts (and epileptics) in a sanitarium where they cannot escape analysis. The transference would then permit a gradual resolution of the incest complex. It is interesting to note that these patients sabotage the process of resolution by avoiding sexual gratification outside their specific fantasy. Women are unable to experi-

ence any sensation with their husbands or lovers, and take refuge in homosexuality. Men remain impotent.

The greatest difficulties in the resolution of the incest complex are encountered in sado-masochists. *The difficulty is caused by the fact that the sado-masochistic paraphilia derives from a powerful incest complex.* (Detailed proof for this is presented in *Sadism and Masochism*.) Such a strong complex cannot be resolved in a "quick" analytic cure. Such "quick" treatments are eminently effective in cases where there is an acute conflict. We must not forget that analytic therapy resembles a fermentation process. We set the psychic ferments. They need time to develop. The success also depends upon the quality of the psychic soil. A sado-masochistic paraphilia can be cured only when the incest complex has lost its effectiveness. I have emphasized the difficulties involved in resolving this complex. But I should like to repeat that it is irresolvable only when actual incestuous relations took place. And even in such cases I have sometimes seen success. It rests on the presence of certain recuperative factors which, however, are independent of our knowledge and skill.

These conclusions could be interpreted as questioning the value of analysis, if they did not point to a solution which justifies our efforts: prophylaxis. Experience has taught us how neuroses can be avoided. Our findings are vitally important for the rearing of children. All our patients were individuals who had grown up within the narrow boundaries of family life. Either the children depended upon one another for company, or they were only children whose parents anxiously sheltered them and tried to prevent them from getting into "bad company." Children who grow up with many playmates will be exposed to the danger of incestuous ties to a far lesser degree. Even the maid, who seduces the children and is regarded as a special menace to the youngster, occasionally fulfills a social

mission by loosening or severing the ties to his family. Also, children who experience their first "traumata" (which are frequently no traumata at all, but normal sexual experiences) with children outside their own family, are often spared these ties.

Siblings should never sleep together in one bed and, if possible, not in the same room, without supervision. Frequently, children who have the measles or scarlet fever are put into the same room without anyone to watch them. They get bored and finally resort to erotic games. My analyses have shown that the first incestuous intercourse often took place during a period of convalescence. Children should have as many playmates as possible and should never be left to themselves. This, of course, requires improvement of our social conditions. If there are far fewer neurotics among children coming from lower income groups, although inadequate housing facilities force them to live in crowded conditions, this is due to the fact that these children have many outsiders to play with and suffer from fewer moral inhibitions than the children of the rich.

In this respect we may learn a great deal from the primitive peoples. There are tribes whose solution of the father problem appears to be an excellent one: the mother's father takes over the unpleasant duties of the father while the real father remains his son's playmate and friend. Brothers and sisters are separated at an early age. Incestuous ties are prevented since the boys live in houses provided for the men while the girls remain at home. The children have their first sexual relations in their early youth, a fact to which the adults do not object. They watch their games and are pleased about their children's early development. At the same time, incestuous relations with the sister (which are rare) are regarded as a great sin and are severely punished if they take place among grown-ups. Thus, the primitives take preventive measures against the formation

of the incest complex, while we breed it in the hot-house atmosphere of the family.

The subject of prophylaxis will have to be thoroughly discussed at some future time. As yet, we have not found the correct medium between exaggerated affection and emotional rejection. We still educate too much and commit the gravest errors while trying to avoid them.

Chapter Twelve

*

THE EFFECT ONTO INFINITY

We might venture to say that hysteria is the distortion of a work of art, the obsessional neurosis the distortion of a religion, a paranoid mania the distortion of a philosophical system.

FREUD

IT MAY BE interesting at this point to consider Alfred Adler's views on compulsions. In his *Individual-Psychological Sketch on Compulsion Neurosis* he presents the case of a thirty-year-old girl who, because she was very pious, reproached herself for her evil thoughts. She believed in the omnipotence of her thoughts. It was up to her to decide if people would go to heaven or to hell. She believed that she could poison people by looking at them. In Adler's opinion, the illness was caused by the patient's detachment regarding the problem of marriage, an attitude which was due to the constellation of the family. She had an elder sister who was witty and possessed a great deal of charm. The continual comparison with the sister created a feeling of inferiority. The birth of a younger sister was a severe trauma for the patient who thus occupied the special position of the younger for only two years.

She was of anxious personality, of a timid character, dis-

posed to religious scruples, and burdened by guilt feelings. Her moral standing, however, gave her a strong feeling of superiority with regard to her sister. The entire neurosis distinctly shows the trend from below towards above. When she was twenty-four years old, the patient had a severe disappointment. A young man had courted her but he broke off the relationship when her sister intervened. The patient described him as a puppet. The choice of her love object shows her desire for superiority. Her illness is a "masculine protest" and proof for her striving to assume the role of a man.

Before the patient came to Adler, she was treated by a psychoanalyst who made advances to her, perhaps with the intention of breaking down her sexual inhibitions. Adler justly criticized this behavior and went on to say that transference must be avoided until the feeling of inferiority is eliminated (how does he manage this?). He seems to have been very successful with this case. The patient renounced her over-estimation of beauty and regained her zest for life and the ability to enjoy her work.

Unfortunately, Adler presents only few details from the patient's history. After the incident with the analyst, a state of confusion lasting several weeks developed. As far as I can gather from the sparse material, the entire picture appears to me to be that of schizophrenia. There are many features which contradict the diagnosis of a genuine compulsive neurosis.

The patient's belief that she can poison people by looking at them indicates the presence of a psychosis. Moreover, the idea that she can decide whether people will go to heaven or to hell is not identical with the "omnipotence of thought" which is seen in genuine compulsions. Later in this work we shall present similar cases and discuss the differential diagnosis.

Schizophrenia and compulsive neurosis have many features

in common—especially the fear of doing damage to the environment.

We observe a strange, altruistic attitude in those cases of compulsion where the transmission of a mystic poison or of a harmful substance plays a role. The patients are not afraid of infecting and harming themselves with the poison; their concern is that they might spread it and contaminate others. The patient who fears tuberculosis is not so much afraid for himself as that he might infect his family and other innocent people. In his fantasy he constructs a chain of infections in which he is also a contributing link. But this effect reaches into infinity. His formula might be expressed in the following words: "If the members of my family and other people become infected and die, I, at least, do not want to be the guilty one." This altruism, which compels the patient to perform the most irrational rituals in order to prevent an accident, serves to cover up powerful egotism, envy, jealousy, and death wishes. The compulsive's altruism is but an over-compensation of a brutal egotism which would permit the destruction of the whole world, if only he himself could survive.

When the patient regards himself as a link in a chain and strives for an effect onto infinity, he finally achieves a tremendous sense of power which expresses itself in his belief in the omnipotence of his thought. (Compare the chapter "The Omnipotence of Thought" in *Psychosexual Infantilism* and the analysis of a compulsive neurosis which is presented there.) This omnipotence of thought may assume grotesque forms. The poison is also master over life and death. During childhood, the poison is the means by which a small child can gain power over the adults. Fairy-tales feed the childish fantasy with these criminal thoughts (especially in *Snow White*, where the poison appears in three forms: the bodice, the comb, the apple). The mysterious substance which may be transmitted to other indi-

viduals is identical with the power of thought. The thoughts can overcome all obstacles.

The next case is an excellent illustration of the omnipotence of thought.

Case No. 50. Mr. Samuel Lo., a twenty-six-year-old, well-built and remarkably handsome Polish Jew, consults me because of an obsession. He entertains the firm belief that his thoughts are omnipotent. His illness started during the invasion of Poland by Russia. He hid in a room in the attic where food for several days was stored for him. He had nothing to do except to worry that the Russians might find him. He then fled to Lemberg, but there he was afraid that he would be forced to join the Austrian army. Consequently, he went into hiding again. He spent this long time brooding. Just as many patients got mentally sick during a long period of convalescence, Samuel, too, had time to brood and to entangle himself in his fantasies during the time of his voluntary imprisonment. Finally, he came to Fort P. For a short time, he enjoyed peace of mind there, but then the Russians began to besiege the place. During this siege his illness developed into its present state. He was walking through the streets of P. Suddenly the thought occurred to him, "Tomorrow a bomb will fall on Judge F's house." This thought greatly disturbed him because he was convinced that his wishes would be fulfilled. Now a difficult struggle developed. He began to suppress the thought. This process had to be accompanied by the following specific gestures and formulae: *I swear by God the Almighty that I have no evil wishes against the Judge. The thought must have no power.* While saying this, he had to crouch and bend forward, and continue walking in this position. Sometimes he gave the impression of sneaking away like a thief. He could behave that way without making a fool of himself, in the first place because people were frightened of bombs and mostly stayed in their houses, and in the second, because it looked as if he were dodging a bomb. Thus, it sometimes happened that other people imitated his position. and began to run, when they saw him walking in that fashion.

Samuel had to fight his thoughts all day long. Finally, he would succeed in banning all evil thoughts. The next day, he would rush to the Judge's house. It stood unharmed in its place. He felt very proud of himself and was convinced that it was *he* who had saved it. Sometimes, however, one of the houses he had considered doomed was damaged. Then it was his fault because he had not pronounced the formulae correctly or because he had not struggled hard enough to neutralize his thoughts. Thus, the insignificant Samuel became master over life and death of the whole town and nobody knew what secret powers he possessed.

But Samuel's powers had their limits. He had been married for two years, he had a beautiful wife, and—he was impotent. He was a devout Jew. He claimed that he had not had any sexual relations before his marriage. He had masturbated occasionally and never doubted his potency. The physicians blamed his impotence on war-time deprivations. But Samuel was well-fed. He once lost about twenty pounds when he wanted to evade the draft. This was in Poland. While in Vienna, he was advised by a friend to try obesity as a means of evading military service. He gained weight and succeeded in escaping the draft. However, neither the loss nor the gain in weight helped his potency.

Although he enjoyed coming to me, the analysis proceeded with great difficulties. At first he wanted to speak only about the omnipotence of his thoughts and the "evil eye." He had read Seligmann's book on the latter subject. It had confused him completely and helped to support his superstitions. Only gradually did I manage to make him talk about his family history. He had had two important experiences. One of his brothers once got into bed with him and played with him. (At that time, Samuel was twelve years old. He had very much hoped that his brother might come to him. The fact that he actually came strengthened the patient's belief in the power of his wishes.) The other experience is more important. He was already nineteen years old. One night he went to his sister's bed. He is unable to remember what happened there. He could swear that he *only* touched her. His compulsive gait represents the way he sneaked to his sister. The falling bomb probably sym-

bolizes intercourse (Jupiter, who impregnates Danae with a stroke of lightning), and the destruction of the house represents defloration. He treats his wife like his sister. He cannot tear himself away from either his brother or his sister. He wishes that his sister-in-law and his brother-in-law (his sister's husband) were dead so that he could share his life with his sister. For this reason he does not want to renounce his omnipotence.

Samuel built an entire philosophical system around his belief in the omnipotence of thought, but he could not escape fate. One day, he was inducted into the army. He informed me of this fact and I never heard from him again.

It is impossible to describe the wealth of philosophical axioms which are developed into compulsive neuroses. Perhaps all philosophies were created by men suffering from compulsive neuroses. At the beginning of every new belief there is the doubt in the validity of the old one. Moreover, all compulsive neurotics are given to brooding. Generally, this brooding does not produce any results. But in some cases, the personal conflict is sublimated and turned into a general problem. Originally, Kant may have been but a doubter regarding reality. Out of this attitude developed the idea of the "thing-in-itself." Nietzsche had to combat his own guilt feelings and this led to "beyond good and evil."

Every compulsive is an individual with strong instinctual drives and criminal impulses. Many of these patients have fantasies in which they destroy the world and remain the only survivors (Noah fantasy). The fantasies go even further: the compulsives create and destroy worlds; they are the cause for the end of the world. In this respect they resemble some schizophrenics who vacillate between ideas of salvation and destruction.

The borderline between compulsives and schizophrenics is only a very narrow one. Both diseases are characterized by the

patient's belief in the omnipotence of thought, by his ideas of world salvation and world destruction, by his identification with God and Satan. The pathetic little "dwarf-ego" equips itself with mysterious forces. Haven't we encountered these same magic forces in the case histories of paranoiacs? Do not paranoiacs believe in the possibility of producing an effect which reaches into a distance? Does not the paranoiac over-compensate his inferiority with the fantasy that he is the center of a system, that he is pursued by secret enemies who are plotting against him in order to hold up his work? He also strives to make the cosmos slave of his personality. He has the same mystic connection with eternity, with gods, demons, and spirits. His thoughts are heard and immediately put into action. He is the master over life and death. Does not this sound as though he has a direct connection with the gods he has pressed into his services?

The patient in the next case is a brooder, who uses the law of causality to make life miserable for himself.

Case No. 51. Franz P., a lawyer from the Tyrol, aged forty-two, has gone through an analysis with another doctor, but lost patience after six weeks. He attributes to this analysis a certain improvement. He has not read any psycho-analytical books, which proves of advantage during the treatment. The following was written five years before the treatment started:

"I am thirty-six years old. My mother was an hysterical person before her marriage; her unhappy marriage made things even worse. From childhood on I loved my mother tenderly. The other analyst said I had an Oedipus complex, and it is not impossible that my attachment to my mother brought about my hostile attitude toward my father. At a very early age I witnessed violent domestic scenes, in which my mother sometimes attacked my father physically. His fundamental shortcoming was that his uncomplicated mind was unable to understand my mother's complicated and morbid soul.

Because of my peaceful disposition he often used me as mediator in their quarrels.

"When twelve years old I ran after my mother across the fields because she wanted to kill herself. I still remember clearly the terrible scene which preceded.

"I always was at the head of my class, which fired my ambition. As a youngster I wanted to become greater than Goethe or Schiller. This pathological ambition was the cause of the first manifestation of my illness. In order to make a particularly good job of some piece of home work I planned to enlist the help of a student from a higher grade. However, I could not make up my mind whether I should do it and kept running about for days unable to come to a decision.

"At the same time (I was thirteen years old) I was unhappily in love with a girl who rejected me. This was a hard blow to me, because I loved her deeply. She finally became my wife, and we have been happily married for nine years.

"I was constantly in a melancholy mood. Evidence of this is various happenings I remember from the time I finished college. One night, when I came from a students' party in a very happy mood, I found my parents quarreling violently. Gnashing my teeth I swore never to be gay again. Another time, when my girl had told me she did not want me, I ran across the fields, crying.

"During this period there existed a pathological concept of guilt. Like so many of my fellow-students I liked to trade stamps, an activity that was prohibited by the school authorities. If I did it just the same, everything connected with it was, in my eyes "guilt affected." Once I inadvertently scratched my brother's hand so that it started bleeding; I accused myself afterwards because his injury caused him to do his school work negligently. At the beginning of puberty I sometimes spied on the maid. Everything coming from this, e.g., my being occasionally late at school, was sinful for me. Even at that time I had the feeling that this reaction was pathological.

"I registered at the University of Vienna to study law. Suddenly I was in doubt whether I should not rather take up philology be-

cause I would then stand a better chance to marry. I addressed letters to the deans of all Austrian universities and lost a whole semester in this way.

"Once I heard that a boy had fallen into a village pond. Since I could not swim, I did not go along. I thought I would be of no help anyhow. When I heard afterwards that the water in the pond had been shallow, I tormented myself with the accusation that I was responsible for the boy's death. After two months I finally freed myself of this thought, convincing myself that I had acted in good faith.

"After I had obtained my degree, I became engaged, against the will of my parents. I settled down as a lawyer in my home town. My fiancée's mother had died of tuberculosis. Though my fiancée herself was in perfect health, I still had doubts whether I should not have settled down at some place higher in the mountains. In this case my anxiety lasted for many weeks and did not end until my wedding. The situation was aggravated by visits of my mother, who tried to prevent my marriage. I had fits of fury, resulting in depression. My mother tried to disturb the harmony of my marriage so that I was forced to break with her. She finally committed suicide, unable to stand any longer a life filled with fixed ideas and all kinds of fears. At last we could breathe freely.

"In the course of my activities as a lawyer I was often haunted by the idea that I had done something wrong. While studying the evidence of a criminal case which had preceded a murder, I suddenly thought that I may have been guilty of some negligence without which the murder would never have been committed. I asked myself if I had not perhaps acted in bad faith. I remembered that I had been preoccupied at that time by financial losses on the stock market and thought I might have given more care to my own affairs than to the cause of my client. Through that, I deduced, the case may have taken indirectly a different course. This idea developed to such dimensions that I became deeply depressed. I went to see a doctor in Vienna, but the treatment lasted too short a time to be effective. I decided to postpone my complete cure until the time after the trial. During the trial I was heard as a witness. I

thought I had said something wrong and asked for another hearing. Finally, a colleague told me I was ridiculous, and so I calmed down. I think that the acute neurosis (or psychosis) will die down, but I must somehow get rid of the fear which has been in me for thirty years and which poisons the life of my family, just as my mother's fears poisoned mine.

"I want to add this: since my neurosis has grown much worse through the thought that I might have acted in bad faith, I felt a resistance toward the treatment which, I reasoned, would have been unnecessary had I not been guilty. This idea was built up into a complicated structure which makes normal people laugh at me. For I say to myself that, through the treatment I set in motion many causal sequences, through which in reality I influence the lives of other people.

"Though basically serious and rather inclined to depression, I can be gay in company. Owing to my happy family life and settled financial circumstances, I feel better much more often than I feel depressed. On the other hand, the anxieties, especially the last one, grow worse.

"Sexually I am satisfied in my marriage, though I show polygamic tendencies which I suppress without causing an inner struggle.

"I am obsessed with the thought that I am to be blamed for any disaster that befalls persons of my environment. At once I create a connection between the unlucky events and my actions, and I torment myself by looking for incriminating aspects in my behavior, which I then tie up with the result.

"Also characteristic of me is the feeling that I am worthless, a person of inferior rank. I therefore feel depressed in the presence of a strong personality. This has become a little better lately. Whenever I had to appear before one of my superiors I had an anxiety-filled sensation in the region of the heart.

"In conclusion: I am suffering from a fear and doubt mania. The latter I attribute to my ambiguous position within my family during my childhood. I explain the anxieties to which I am subject whenever I am to begin a new phase of my life, as follows: As a child it had been impressed on me not to be gay, because the mood

may change soon again. My father used to say, 'Just don't feel too happy.' When, for example, during my last anxiety I went to a concert I had been looking forward to, at once the idea struck me, 'Can you really enjoy yourself?' and at once a chain of obsessions started. The feeling of guilt may very well be based on sexual matters and may be anchored in the feeling of responsibility with which I was burdened in such an irresponsible manner. My inferiority complex is definitely a consequence of the injury which my pathologically inflated self-esteem received during my first love affairs.

"My entire development has been shifted by childhood experiences into a different direction. According to my original disposition I should have become a firm, straight personality, a 'real man,' and would have been able to develop my abilities freely. Instead, I have become a shy individual, constantly beset by doubts, who is wavering between contradictory emotions, just as I did when, as a child, I had to fear what first I had adored."

To this report the patient adds some time later the following:

"The above-mentioned criminal case, which ended in a death sentence, found its conclusion with the suicide of the murderer. After that, in connection with another case, I had an 'appeal neurosis,' trying to push through an appeal though it had little chance of success. The inventiveness of my 'demon of fear,' which succeeded in detecting one new aspect of the case after another, was really inexhaustible. In this neurosis my inability to come to a decision made it almost impossible for me to sleep at night. I must point out that I have not been able to rid myself of the idea that I am going to unleash a new chain of causal sequences if I try to be cured. This is probably the unconscious reason why I have postponed the treatment so long. I am, therefore, in a strange dilemma: if I do not attempt to be cured, I cannot free myself of my illness; but if I do, I think I will make myself guilty by making my old guilt the starting point for further causalities.

"Another neurotic complication is the following: I had a secretary who suffered from tuberculosis and eventually died. Though I had always done the right things by her, I felt I was responsible for

her illness. When she died, I could not help feeling relieved because my obsession vanished then.

"When I heard of a doctor who had been successful in curing cases hitherto considered hopeless, I began to get interested in the cure of a man of my acquaintance and did more for him than his own family did. I tortured myself with various other cases of sickness in which I considered it my moral duty to be of help. I then had a love affair with my secretary which also had a pathological development.

"About masturbation, which you consider so important, I have this to say :

"I was absolutely chaste in my youth. I did not masturbate until I was an adult, and sometimes I considered the sexual act as something immoral. I started masturbating at twenty and also went to prostitutes, though my first attempt was a failure. I continued masturbating during my marriage. On second thought, the intercourse with my wife did not satisfy me completely, but I suppressed the desire to go to other women. I then masturbated as an outlet for my heated fantasies. Only recently the situation has changed because my wife has become more ardent in intercourse.

"All love experiences have always been tied up with a feeling of sadness. Another characteristic of mine is my sentimentality and my romantic imagination.

"As far as dreams are concerned, I often dreamed, until recently, of my mother and of domestic scenes in which she played a part. Many years ago I also had a dream in which I saw my mother in the nude. Another dream, which I have quite often is as follows :

"I am a college student. I am standing under the window of the girl who is now my wife and I have the urgent desire to write her a letter asking her to be mine. This is probably the key to my flirtation. In my unconscious mind I want to conquer and be young again.

"I wish to mention some of my symbolic acts. Even as a youth I was in the habit of walking close to the curb. I have preserved this habit, and it happens quite often that I slide off the sidewalk. Connected with this, I am sure, is playing with my cane, with coins in my vestpocket and with things on the table ; almost every time

I take a walk I drop my cane. I interpret this as playing with thoughts and with danger.

"As a child I had a pronounced feeling of guilt. I remember that, at ten, I once stepped on the shaft of a carriage which happened to lie on the sidewalk. I accused myself of being responsible for the damage. The other analyst said the shaft was a symbol of my father's penis which I wanted to destroy by stepping on it, and that this made me feel guilty."

The patient eventually comes to see me. He is in the midst of an acute conflict. He is in love with his secretary, and he has told his wife about it, as he always does in such a case. I advised him to have himself analyzed and to give up the girl. He does not want to do that; the girl might get into trouble and he would be to blame. I point out the resistance to him and he promises to do as I tell him.

A lengthy correspondence follows. He finds all sorts of reasons to postpone the analysis. Finally, urged by his wife, he comes for treatment.

After he sent his secretary away, he was assailed by doubts whether he had paid her a sufficient salary, whether he should not send her some money now. He was writing to her regularly, but finally he promised his wife to stop the correspondence.

On his way to Vienna he met his brother who introduced him to his mistress. He had a most pleasant conversation with the girl. He kissed her and, all of a sudden, felt free from all worry.

"For my stay in Vienna my wife has given me full sexual freedom," the patient stated on arrival. "Only in my feelings I am expected to remain faithful to her. She does not mind my having a little adventure, as long as she does not know about it. I promptly went to a prostitute, but felt no pleasure."

Now he is full of remorse, and during the whole course of the treatment he never ceases to accuse himself of having been unfaithful to his wife.

The pattern of his obsessions furnishes him with many tricks to get out of the analysis. He does not deserve to be cured. His belief in the omnipotence of his thoughts appears concealed behind the law of causality. It is characteristic that the chain of anticipated

events terminates in death. His torture lasts only as long as the person in question is alive. Once death has occurred, the obsession ceases. This was the case with the secretary as well as with his mother. Many dreams disclose that he thinks he himself is Death. He dreamed of pacifistic speeches and actions. Death is a great pacifier. Responsible for this may have been the death of his two brothers.

His mother made a cult out of death. When once his father forgot that it was the anniversary of the death of one of his sons, she made a terrible scene. The patient was dragged to the cemetery and had to listen to his mother's tearful lamentations. All this doubtless made a strong impression on him and gave rise to his idea that he had killed his two brothers. He had wished them to be dead, of course, and this was sufficient proof that he was omnipotent. His death wishes were later compensated by the idea that it was his duty to save his fellowmen. Whenever anyone died in his home town he felt responsible for it; had he given those people the address of a wonder healer he knew, he would, no doubt, have saved them. He also saved one of his brothers by helping him with his examinations. He himself considers his love for his brother pathological. We shall see that this, too, was an overcompensation. He does not remember having hated his brother who, in many respects, was favored by his mother. However, when he asked his brother during the analysis about this detail, it turned out that they had had violent quarrels with each other.

Very early in his life he wanted to save his mother. That was possible only if he got rid of his father, whom he considered the source of all evil. Death wishes concerning his father appeared quite openly. His mother has contributed to this feeling by destroying his respect for authority. She insulted his father constantly, and there was nothing he was not capable of doing against his father.

Under the circumstances, Franz lived in a state of continuous emotional excitement. Such a background makes a life without strong emotions appear colorless. He craves peace, but he cannot endure it. He, therefore, creates his own "emotional theater," in which he is assisted by his pathological law of causality. He always finds

some guilt and some missed opportunity of saving someone, to kindle his passions to a high pitch.

The decisive trauma in this case is the death of the patient's mother. Here he could have done something, but he neglected to do it. He claims that he did not feel any guilt. The analysis, however, proved that his mother's death had caused his condition to become much worse. His heavy affliction started after his mother's death.

After his father's death his mother lived all by herself in a small Tyrolian town. Her favorite son, who all his life had suffered from asthma, lived in Vienna, where he was free from attacks. He thought this was due to the climate, and decided to settle there for good. Franz had noticed long before that his brother's asthma grew worse when he was with his mother. He had therefore persuaded his mother to keep away from her son, otherwise she would be responsible for his death. This, evidently, was not an expression of the great love he felt for his brother. We see here also a strong element of jealousy.

Now his mother had to rely entirely on Franz. She had, it is true, his wife for an opponent, who could not forgive her her attempts to prevent their marriage. When the youngest child was born, she came, as a loving mother, to lend her daughter-in-law a hand. In time the house turned into an inferno. She chased the servants away, quarreled with the midwife, and created such a degree of excitement for her daughter-in-law that the doctor advised Franz to get his mother out of the house. That he did in a rather abrupt manner.

Three days later his mother killed herself.

At the funeral he could not cry. He had a feeling of immense relief. Strangely enough he did not accuse himself of having caused his mother's death. However, his condition grew worse. This is where the episode of the murder trial came in. We see that the original affect is repressed and, on the first suitable occasion, shifted to another object. The thought then goes on like this: "You are guilty of the death of the murderer; you could have saved him." With the murderer's suicide the torture ends. Which means analytically: "I wish I could undo my mother's death. I could have saved her had I not been so rude. It is my wife who should have

died; then I would be united with my mother." But this he did not want to admit to himself.

His love for his mother was without limits. Before the analysis he had many dreams in which he had intercourse with his mother. We understand now why he hated his brother. He wanted to be the only child. He hoped his brother would die of his asthma. Later came the overcompensation of his hatred. He still tried to save his brother. Then there came a new aspect: his homosexual tie with his brother. His brother had performed various homosexual acts with him. Among other things he used to introduce his finger to the patient's rectum, which was accompanied by pleasurable sensations.

From this followed a second *leitmotiv*: to share his brother's life, to possess everything in common with him. Once, in his brother's bedroom he came close to having intercourse with his sister-in-law. As we have heard, he kissed his brother's mistress.

Franz tried to imitate his brother by having love affairs, but he never got farther than to sentimentalities and fantasies. Still he was dominated by the overpowering wish to share his brother's life. This explains why he had fantasies in which he saw his wife dead. There were even open death wishes. His wife noticed his passionate love for his brother and became jealous. He was pathologically sensitive about everything concerning his brother. To be able to help him was ecstasy.

His married life was ideal. Still, he was not satisfied. In spite of frequent intercourse he had the urge to masturbate. However, he never achieved complete gratification. Only after his wife confessed that, while on a trip, she had been kissed by a young man, he noticed a strong attraction for her, and thus—via a homosexual idea—they experienced a new honeymoon.

This honeymoon was considerably troubled by his love for his secretary, who, as it turned out, was a substitute for his little daughter whom he loved very much.

He was a doubter, and his doubt destroyed all values. He also suspected his wife of having belonged to another man before their marriage, though he could not be sure. In some of his dreams he

saw his wife as a young girl, usually wooed by other men. This means, of course, that he wished someone else had married her, so that he would have been free to share his brother's life.

His dreams stressed persistently this suspicion of his wife's purity. Such suspicion can only be the reflection of his relations to his mother. He was in doubt that he was the son of his father. Gradually, he furnished material corroborating this doubt. He was always surprised at the liberties some of his fellow-students took with his mother. Her many trips to various resorts seemed suspicious. She always accused her husband of being unfaithful to her, which her son interpreted as a projection of her own thoughts of infidelity. He attached even more importance to the fact that she openly admired the owner of the store where she had worked prior to her marriage. She often told her husband that that man was a man, "a real man," while her husband was a weakling. He admitted having had fantasies in which he saw himself as the son of that merchant. He also doubted if he was the father of his own daughter.

His attitude toward his mother is illustrated by the following dream:

I was with a prostitute. I don't know how it happened. During the intercourse her face changed and grew more and more like that of my mother. I woke up with an emission.

He produced dozens of similar dreams. They all prove that the lower strata of his personality have not accepted his mother's death. Just as he annulled his marriage, he also cancelled the death of his mother.

This shows that he lives in an imaginary world that has nothing to do with reality. To these fantasies he gives life either in the form of compulsive acts or in conscious fantasies laden with emotional content. He has achieved a secure economical position, but his dream of becoming a great historic figure is over. But only in reality; in his fantasies he is still the fighter and conqueror, famous all the world over. During a chess tournament of which he reads in the paper, he identifies himself with one of the players, and it is he who wins a great victory or goes down in defeat.

At the same time he used all such events as an oracle. He said

to himself, "If X wins, I shall possess my secretary." In this way he increased the affect and made X's victory his own.

He also identified himself with his mother. His mother was unhappy, and he took an oath never to be happy himself. He had to atone for a horrible guilt. If he was happy and contented one day, he was sure that the next day would be very bad. He then staged some catastrophe; in this he had no difficulty, since he always was able to construct for himself a new chain of causal sequences, when the old one had been exhausted.

In reality, however, the causal chain reaches back into the past. All his thoughts are based on the formula: "How would it be, if... another man had been my father," and the like.

His first "saving" fantasies were those concerning his mother; he saved her from committing suicide. Then there appeared hostile impulses toward his father, death wishes, which formed the strongest roots of his feeling of guilt.

The treatment was very successful. The future will show if it was a lasting cure. His wife wrote me after a year. He seemed perfectly normal.

Looking back on this case it is necessary to recognize the importance of his belief in the omnipotence of his thoughts, because it corresponds with his fictional belief that he is a person of a special kind. He is Death—but also the Savior. He can undo things which otherwise cannot be undone. He is always tempted to take upon himself impossible tasks.

Of utmost importance for his illness is that what he really tries to do is to annul his marriage, which became the source of his suffering. For it was on account of his wife that he chased his mother from the house. Soon afterward she committed suicide. He could have saved her. He wants to undo this suicide. This is his greatest guilt, and the most important root of his law of causality. For him, his mother has not died. His influence reaches into infinity. He is the miraculous healer. In his fantasies his mother is alive. All persons whom he wants to save become for him objects which he uses to make good for his sins.

Still more important is the role of his father. This weak, patient,

but lovable father recedes behind the personality of the energetic mother. But Franz entertained death wishes and criminal ideas concerning his mother too, when he saw how his father suffered. The idea of causality may have entered his head because in the very first years of their marriage the patient's mother accused his father of culpability for everything. The feeling of guilt was reared in him artificially. For all her hysterical fits and attacks of migraine his mother knew how to find a scapegoat. And it was the patient who was often responsible for his mother's fits.

This case demonstrates splendidly the "saving" and rescuing fantasy as a superstructure upon the patient's egotistical wishes. Originally Franz is a sadist and a brutal egoist. As the years go by he turns into a philanthropist, an altruist. Hatred is unknown to him, he preaches the gospel of brotherly love, is well-known as a mediator, moderator. This change was brought about by himself. But somewhere, in a dark corner of his soul, sadistic ideas, envy, jealousy still lie in wait. Somewhere part of his ego rejoices when it sees other people suffer. The ideal ego struggles against that. And from this struggle springs the compulsion neurosis.

The law of causality permitted him to project his sadistic ideas into infinity, under the mask of fear. All the compulsion neurotics who fear having poisoned someone by having touched him with a pencil, a pen, with an instrument, who throw an orange peel on the ground and then, trembling, go back for fear that someone might break his leg, are fundamentally cruel and malevolent.

Many of these patients are religious. They shrug their shoulders when asked how it is possible that their good, all-understanding, all-seeing god fulfills their evil wishes. Sometimes they come with the explanation that they are demons and evil spirits, they talk about mysticism and spiritualism, telepathy and materialization—but they hide a secret belief: *that there is a direct relation between themselves and god, that in this way they themselves have become gods.*

Secretly, compulsives believe in their immortality. They do not believe that their life ends with death. They must continue to live, they must renew themselves innumerable times. They are immune toward injury. They can make others die but nothing ever happens to them. Franz's chain (*Case No. 51*) closes with the person's death. Then he no longer presents a conflict for Franz. But this is deceptive. It is one of the constructions with which he deceives himself. We saw that Franz annulled his mother's and his father's deaths. Death does not exist for him. The chain does not close with death, it continues infinitely. Behind his guilt feelings and his need to save others is the fear of God's punishment, the fear of Hell. He has taken over the guilt feelings from his mother and his father, and he now transmits them to his children. His daughter Alma already shows compulsions and guilt feelings, along with tendencies to redeem herself. I revealed this causal chain to Franz. Neurotic fathers have neurotic children. This may have been an important motive for him to overcome his illness and renounce his fantasies.

Chapter Thirteen



COMPULSION AND IMPOTENCE

Case No. 52. (Analyzed by E. A. Gutheil, M.D.) The impotence of Richard U., aged twenty-nine, was characterized by a very peculiar feature. When he attempted to have intercourse, his penis lost its erection, became shrunken and felt anemic. Though the patient was six feet tall, his penis would shrink to a length of about two inches. After he had been treated for several weeks, he confessed that he was also suffering from compulsions and obsessions.

Richard came from a small Bohemian town. His early childhood had been clouded by anxiety. Fearfully he had listened to the horror stories which the servants had related. He was afraid of his playmates and, particularly, of being kidnapped by gypsies. When his fears prevented him from going to sleep, his mother would take him into her bed.

When he was five, his mother acquainted him with geography. She used fairy tales to introduce him to this subject, and the boy was fascinated by her stories.

In general, his physical development did not keep pace with his intellectual growth. He had a scrawny body, but his mind was filled with all sorts of prematurely acquired knowledge. Once the interest in geography was aroused, he spent hours and days dreaming about foreign cities and lands. A cover of a box on which he saw pictures of the many and widely separated branch factories of a chicory company was a favorite object for his fantasies.

At the age of eight he developed a hobby of doing a lot of mental arithmetic, which represented, just as his geographical daydreams did, a compensation for the boy's lack of company. This was due to his self-imposed isolation from other boys. Later he used both these fantasies (the geographic and the arithmetic) in his dreams of power, and in addition developed a number of sadistic fantasies which he associated with them.

When he was seven the servants forced him to show them his penis, and then they subjected him to ridicule. It was at that time that he first experienced a feeling of anemia in his penis (castration fear). The next years brought further humiliations and traumata. All that he heard concerning sexual life seemed disgusting to him and was soon repressed. Thus, daydreams about geographical and mathematical things were also compensations for repressed sexual thoughts. He soon added history to the list of his fantasy hobbies, since he became particularly interested in the chronological order of events.

At school, Richard gained full recognition for his outstanding information about history, arithmetic, geography. A strong ascetic influence pervaded the classroom life of the parochial school which he attended. His attitude toward girls was one of extreme self-consciousness which was accentuated by the fact that he suffered from acne. He completely renounced sex and refused to believe that his parents had ever copulated. According to his theory there were pure and impure deliveries. In a pure birth God had created the child; in an impure birth sexual intercourse had been responsible for the formation of the child. Richard considered himself to be as immaculate as Christ whose personality had always fascinated him. He wanted to imitate Christ; he wanted to be the savior of humanity. In his case the Christ complex was associated with doubt as to the legitimacy of his birth. The poles of his neurosis were represented by Christ identification on the one extreme and strong anti-moral, anti-social impulses on the other.

Puberty brought strong pressure from sexual desires; but Richard was convinced that any effort on his part to have sexual intercourse would be a failure. Therefore, he used his fantasies to

combat his sexual desires. His first attempt to have intercourse (with a prostitute) was made when he was seventeen and resulted in a failure, as did his next two attempts. He then ceased all efforts to perform the sexual act, became depressed and introverted.

At eighteen he enlisted in the army, expecting military service to bring relief from the addiction to daydreaming but his fantasies, though assuming a new character, were undiminished. He developed obsessive fantasies concerning the possibilities of organizing a strong army. He had the compulsion to figure out how many men of draft age would be available from each of the villages, regions, cities, and states in the Austrian-Hungarian monarchy. To insure accuracy, he created numerous statistical systems.

His fantasies were definitely obsessive in character. They began as harmless games, later were used to suppress masturbatory tendencies, and finally became obtrusive and irrepressible.

In many fantasies he experienced situations in which he was forced to endure hardships. He was kidnapped by gypsies, placed in reformatories, forced to travel through many countries. The motive of self-punishment was noticeable also in his decision to join the army.

His fantasies were crammed with names of places, countries, cities. He had a fetishistic attitude toward them. Richard revealed that he obtained a definite pleasure from toying with geographical names which he "collected" mentally much as another person might collect stamps. He was constantly striving to enlarge his "collection," always on the hunt for new names. The origin of this chain formation was his mother fixation. In his neurosis, his interest shifted from her person to geography, the subject which she had taught him. (A geographical name became a fetish representing the tabooed genital of his mother as a *pars pro toto*.)

In one of the fantasies which represented his compulsion, he saw himself naked in a room which had a floor made of sharp-edged steel plates pointing upward, and spaced about two inches apart from each other. He tried to take a position wherein he could avoid being cut to pieces.

As a child he enjoyed such sadistic "games" as drowning cats

or dogs. He explained this sort of behavior by saying that it was wonderful to know that there were creatures to whom he was so superior that he could end their lives at will. Later, after reading and hearing about much cruelty, he created various sadistic fantasies of his own. Stories of mass exterminations of people, crusades, pogroms, witch trials and so on, presented him with inexhaustible source material for his daydreams. During this type of daydream, he usually felt depressed and his penis seemed anemic.

His fear of women and his persistent bisexuality, both of which contributed very much to his introversion, resulted from his mother's domineering, masculine personality. His sexual bipolarity increased his desire for a strong masculine expression, and hence for a large and powerful penis. At times he wished to hurt women with his fancied large penis. His superego turned this potential aggression into a self-castration represented by the anemia and the shrinking of his penis. Richard's impotence was caused by the conflict between inhibition on the one hand, and his desire to be aggressive, on the other.

His mother and his sister were the main objects of his fixation. In his fantasy both women appeared as masculine, energetic women.

Of all his symptoms, the calculating compulsion was the most troublesome. Through many years of training he achieved such skill in mental calculation that he was able to multiply five digital numbers in his head. He had a compulsion to multiply and to divide numbers which he encountered in his everyday life, and his memory of dates was amazing. He was able to recall the exact day, month, and year during which many small incidents of his childhood had occurred.

When he was five, he heard his father complaining of business difficulties. The boy worried that one day his family would starve. He began to study his father's business ledgers and he tried to figure out the income which could be expected annually. It was shortly after this experience that the calculating mania developed.

Numbers with which he came in contact were treated in the same manner as he treated geographical data, that is, they became valuable items in a collection. He was able to give the latitude and

longitude of any city in the world by rote. Telephone numbers of friends, and thousands of other numbers were included in his collection. He knew the latest census figures on the populations of cities, the military strength of each country, most of the historical data pertaining to any given nation. It was striking that the mathematical operations which he conducted compulsively, usually consisted of multiplication and division. Analysis proved that both functions were symbolic and that they represented masturbation equivalents, the swelling and the shrinking of his penis.

Seven, five and twelve were among the numbers which played a very important part in his fantasies. After the analysis had progressed for a long period, it became clear that the patient was using these numbers as measurements of his penis. Seven centimeters was the normal size, five centimeters was the penis in shrunken condition, and twelve centimeters the measurement of the penis in the state of erection.

Richard attempted to solve many of his problems symbolically through the device of calculation. His father had married twice, and Richard had blended the picture of both women by finding the common denominator of two fractions. He worked on the problem even in his dreams. *In one dream he had to divide the fraction $\frac{1}{21579}$ by two, and the quotient resulting from this division had to be added to the fraction $\frac{1}{43161}$. He found (in the dream) that the common denominator began with 186 . . .* And, indeed, the correct answer was 1,862,742,432.

His mathematical manipulations had the character of magic acts. They became systematized shortly after the death of his brother Martin; that is, after Richard had "proof" of the omnipotence of his death wishes.

He fancied that with his fingers he could draw the images of numbers in the air. The death clause was connected with the drawing fantasy, which was much like the biblical *Mene Tekel Upharshin* (counted, weighed, divided). In his fantasy, his opponents (family) were destroyed, and he took complete possession of his father's property.

Summarizing, we may say that the obsessional disease of Richard

was protecting him from anti-moral and anti-social impulses. The Oedipus complex and unconscious criminality were the most powerful dynamic factors of his neurosis. Fear of women was based on his own sadistic attitude toward women. His strong superego, which demanded self-punishment, availed itself of the childhood imperatives which took the shape of obsessions. He was cured by psychoanalysis.

Chapter Fourteen

*

HOMOSEXUALITY AND PATRICIDE

*Extremes touch each other,
The supreme abases itself.
What is closest to the God,
Is closest also to the beast.*

GRILLPARZER

THE SPLIT IN THE compulsive's personality utilizes the given opposites. It develops the antinomy of the normal to the greatest possible degree. Part-ego and part-ego form two hostile camps, in which each holds the antagonists of the other camp. I name only the opposites hero and coward, atheist and faithful, law-fanatic and criminal, skeptic and mystic, the chaste and the paraphile, the clean and the unclean, the cruel and the compassionate. Many more examples could be added to this list. Thus, also, the antithesis of male and female creates a specific tension between heterosexual and homosexual tendencies.

In the earlier volumes of this work, we often refer to the fact that incest and homosexuality may be symbolized as a dangerous poison. Every case of phobia concerning syphilis, tuberculosis, etc., has its roots in a defense against embarrassing

sexual tendencies. This explains the meaning of the poison complex in compulsions.

It is worthwhile to demonstrate the hidden meaning of homosexuality in the psychodynamics of compulsive neurosis with a few examples. I was able to find a definite homosexual component in every case of compulsion. This sexual tendency is repressed and manifests itself only in symptoms. In analysis the patient's strongest resistance is directed against the recognition of his homosexuality. It is an interesting fact that homosexual compulsives have repressed their heterosexual component in the same way and refuse to recognize it consciously. The homosexual attachment usually refers to a member of the patient's own family. This explains the affective attitude of male patients with regard to their fathers, and of female patients toward their mothers. Very frequently, this love is transformed into hate. Identification and differentiation processes play a great role. Similar mechanisms may develop with regard to a brother or a sister. We shall see many such examples. To start with, I should like to discuss the relation of the male compulsive to his father.

It is characteristic that his compulsive fears concern the father. His compulsions have this death clause: "If you don't perform this action, your father will die!" Frequently, it is impossible to carry out a particular action. A succession of obsessions and compulsions takes place until, eventually, a solution is found in the final counter-formula: "Your father will die (or something will happen to him) if you do carry out the compulsive action."

We shall begin our illustration of the homosexual father complex with a case described by Freud.¹

¹ *Notes on a Case of Obsessional Neurosis*, Collected Papers, Vol. III.

Case No. 53. The patient is a young man of university education who fears that some accident might occur to his father or to a young lady whom he loves. He also suffers from obsessions, such as the idea to cut his throat, and he produces taboos for himself with regard to insignificant actions. According to him, his sex life is very poor. He experienced his first intercourse at the age of twenty-six, with normal potency. He claims that he masturbated occasionally only after he was sixteen or seventeen. Later, the patient admits that after his father's death (the patient was twenty-one at the time) he had had a strong impulse to masturbate. However, he was ashamed of it and, consequently, suppressed this desire. He had to masturbate again at certain moments which he regarded as beautiful. For instance, when he once heard the postman blow his horn in town, or when he read in Goethe's *Dichtung und Wahrheit* how the poet got over the effects of a curse. (A jealous woman had cursed the girl whose lips he would kiss after hers. As a consequence of this curse, Goethe abstained from kissing for a long time until, one day, his passion got the better of him and he kissed his love heartily, breaking the spell of the curse.)

The patient admires a lady for whom he has bipolar emotions and whom he would like to marry. He also has a friend whom he needs urgently in order to retain his self-respect. Whenever he has criminal impulses he asks his friend if he has to be ashamed of himself and if his friend despises him. Then his friend always calms him by pointing to his generally irreproachable conduct.

The patient's sexual experiences started very early. When he was four years old, he crept under the skirts of his nurse and touched her genitals without any objection from her. Since then he had a burning desire to see the nude body of women. At the age of six, another nursemaid permitted him to watch while she squeezed out abscesses located on her buttocks. (This recollection appears to be important; we shall refer to it later.) Another nurse let him listen to her frivolous conversations with the other servants and did not protest when he uncovered her. He has had erections since he was six.

At that time, the first obsessions occurred: *His parents might*

guess his thoughts. He was afraid he might have spoken them out loud without hearing them himself (fear of betrayal). Another compulsive thought: "How does this girl look naked?" These ideas were accompanied by the uncanny feeling that something might happen if he had that thought, and that he must do something to prevent it (obsession, death clause, counter-command). His fears frequently concerned his father (he might die). These thoughts of death made him sad and occupied him intensely even at an early age. Freud explains this first obsession as following the formula: "If I have the wish to see a woman naked, my father must die."

The patient came to Freud because of an acute outbreak of his compulsive neurosis. He was on maneuvers as a reserve officer. During a halt, he lost his pince-nez, an evident neurotic arrangement. He wanted to lose them. It would have been easy for him to find them again. He wired a Viennese optician, asking him to send him another pair. During this halt, he was sitting between his captain and another officer. He regarded the captain as a cruel man of whom he was somewhat afraid. The captain told about a certain form of punishment employed in the Orient. This punishment consisted in fastening a pot with rats in it onto a man's buttocks, so that the rats had to bore themselves into the man's anus.

During this tale, the following obsession arose in the patient: *Something might happen to one of the persons he loved.* He thought of the girl and—his father.

Usually, he reacted to such ideas with a shrug and a, "Whatever are you thinking of!"

In order to understand the following, it must be known that the next day he was informed that his pince-nez had arrived, that *the young lady at the post-office had paid the charges for it* and had given the package to one of his comrades. He immediately annulled this information, so that the subsequent events clearly illustrate the brilliant staging of his attack.

The next evening, the captain handed the patient the parcel (the pince-nez), remarking that Lieutenant A. had paid for it and that he must return the money to A.

There immediately came the demand:

"You will not pay the money, because if you do..." (the lady and his father will suffer the rat punishment).

At once a counter-command appeared in the form of a vow:

"I swear that I will return the money to A."

He said this vow half-aloud.

It should be kept in mind that at that time the patient already knew that he did not owe A. anything. This fact makes the whole act even more characteristic. He only told the analyst about it later.

The patient had two more days left to carry out his vow. He pretended that he wanted to fulfill it. He tortured himself by trying to find all sorts of possible and impossible ways to return the sum to A. He was told that one of his comrades was going to the post office. He gave the money to him so that he could pay it back to A. The man came back with the money. He had not met A. Secretly, the patient was glad about this. For the wording of his vow was: "*You* must return the money to A." The accent was on the "you."

Finally he met A. Now the ceremony would take place. He wanted to give the money to A., who startled him by telling him that not he, but B. was the official in charge of the post office.

The vow could not be fulfilled. But the compulsive always finds some way out, some trick. He would go to the post-office with A. and B. He would give the money to A., who would then give it to the young lady (the clerk) who, in turn, would give it back to B. (Note the implication of a woman.)

His departure approached. His obsessive thoughts tormented him; he was unable to sleep at night. Every argument struggled against a counter-argument. How could he keep his vow if A. was not even his creditor?

Time was short. His outfit was to go to the railroad station in N. The patient still hoped to be able to ask A. for the necessary favor during the ride to the station, since A. was taking the same way for a short while. He was not able to summon the courage to speak to A., but he instructed his orderly to tell A. that he would come to see him in the afternoon. He arrived at N. Now the diffi-

culties became almost insurmountable. It would take an hour to get to A., then another three hours to get to the post-office (by train!). He still hoped to carry out his plan, he hesitated, he vacillated. Should he or should he not. . . .

One voice said: "You are a coward if your convenience keeps you from fulfilling your vow." A counter-voice said: "You only want to fulfill your vow to get rid of your obsession."

He waited for an omen. The oracle appeared in the form of a porter who asked him if he wanted to take the ten o'clock train.

He got into the train. Throughout the journey he struggled hard: "Should I get out of the train and go back." In Vienna he went to see his friend who solved the conflict by sending the money to the post-office clerk. But this did not calm him. He went to see Freud, not in order to be cured, but to get a certificate with the aid of which he could induce A. to accept the money from him. He entered analysis. Even as late as four months after the beginning of the treatment, he considered going to N. and asking A. to carry out the farce he had thought up.

Before interpreting this case, I should like to present the material which is important for its understanding. The patient behaved very strangely when his father died. He happened to be asleep while his father was dying and he later reproached himself for this severely. For a long time, he could not realize the fact that his father was dead (in my sense, he annulled the fact). Whenever he heard a good joke, he told himself: "You must tell it to father." When someone knocked at the door, he expected his father to enter. There was nothing frightening about this; he expected it as something natural. He also hoped to see his father every time he entered a room.

His self-reproaches for having missed his father's dying, became serious a year-and-a-half later, when one of his aunts died. He paid a visit to the family and his uncle exclaimed sadly: "Other men grant themselves all sorts of pleasures, but I have lived for this woman alone!" The patient regarded this exclamation as an accusation against his father, implying that the father had not been

faithful to his wife. The uncle denied that this had been the meaning of his words, but their tragic effect could not be erased.

His first compulsive ideas illustrate the attitude regarding his father. When he was twelve years old, he loved a little girl. He had the obsession: "If your father would die, the girl would be nice to you (out of pity)." When he later fell in love with the lady mentioned before, his financial situation did not permit him to consider marriage. He had the obsession: "When your father dies, you will be rich enough to marry the girl." Counter-wish: "Your father won't leave you a penny. No gain can make up for this terrible loss."

We already know that he regarded his father as his best friend. He claimed that he had been closer to him than to his present best friend.

He was jealous of his brother who was stronger and more handsome than he. Once he nearly shot him in a game.

This jealousy caused homicidal impulses and, subsequently, suicidal tendencies in him. Once, the lady he loved left to nurse her sick grandmother. He received the command to cut his throat with a razor. He went to get it and then the thought occurred to him: "You must kill the old woman." (Evidently, the second command had been the first one, and the suicide idea was the punishment for it.)

Freud regards the patient's impulse to remain thin, as a chronic suicide. This impulse led him to do all sorts of foolish things. When he forced himself to climb a mountain, he was seized by the impulse to throw himself into the lake from a steep rock. At that time, the lady was in England, and the patient was jealous of his cousin Richard ("Dick," German for "fat"). Rage at the man who interfered with his love.

The patient had numerous compulsions which clearly illustrate his bipolar attitude regarding the girl. During a thunderstorm, he had to stand under a tree and count up to forty or fifty, or else . . . He had to remove a stone from the road, or her carriage might meet with an accident. Then, again, he had the compulsion to replace the stone, etc. Moreover, he suffered from an annoying un-

derstanding-compulsion. (What was it you just said?) Apparently he was always inclined to assume and to fear the opposite, just as he himself was ruled by antitheses. When he said the formula, "God bless him," some demon whispered a "not" to him, so that the blessing became a curse. His fantasies of revenge and his maliciousness had no limits. He saw his beloved on the sick-bed and immediately had the wish: "She should always lie like this." In his fantasy he anticipated his revenge. For instance, she marries a high official. He enters the same office in a minor position. He advances to a higher rank than his rival. The rival then commits a fraud. The girl kneels before him, imploring him to save her. He confesses to her that he only took the position because he had foreseen this moment, i.e., only because of his love for her. He *saves* the man and resigns.

Freud believes that the patient's illness was precipitated by his conflict between his love for the girl and his mother's suggestion that he should marry another, a rich lady. His illness enabled him to postpone the conflict and to avoid a decision.

Freud assumes that the patient masturbated as a child (6) and that his father punished him for it. Freud regards the Oedipal conflict as a very important factor. When the patient had intercourse for the first time, he thought: "This is glorious! For this, one could kill one's father!"

The patient recalls that as a child he was once beaten by his father for some mischief he had committed. In his irrational rage, he insulted his father and gave him the names of objects: "You towel, you plate, etc."² His father was so moved by this elementary outburst of rage, that he said the prophetic words: "This little boy will either become a great man or a criminal." (Freud observes that the father could not have foreseen the third alternative of a neurotic.) Inquiries with the mother revealed that at that time the patient had *bitten* someone. (Important for the rat fantasy!)

The analysis progressed with great difficulties and lasted eleven months. It seems that the patient greatly depreciated Freud and

² In this way, the boy devaluated his father to a worthless object.

that he often insulted him in his dreams. (A repetition of the defiant attitude against his father.) At such occasions he often jumped up from the couch and ran around the room. Freud believes that this behavior indicated his fear of being beaten. At other times he said, "Why should you let yourself be insulted by a stranger like me?"

We can tell that the transference was tremendous and that he expected from Freud the primal reaction. His defiance was hate stemming from the rejection of love.

Freud then gives us the solution of this interesting case and of the episode concerning the rats. Once the patient's father lost a sum of money in gambling. A fellow-player lent him the money, but the father did not return it. (The father was, therefore, a *Spicratte*, a gambling-rat.) *Later, the father wanted to find his creditor, but was unable to.* The patient does not know if the money was ever paid back.

The patient's identification with his father is obvious: a small debt, the attempt to pay it back, and the same inability to do so. The father is redeemed by his son's actions. (The captain's words: "You must return the money to A.," were regarded by the patient as a reference to his father's debt. We must remember that the patient was suffering from an "understanding compulsion," that he was able to find a personal meaning behind everything, as was the case with his uncle's exclamation. Everything connected with "play" (German: *Spiel*) appears to be charged with affects: *Anspielung* (allusion), playing at cards, etc. We may, therefore, conclude that actually he is thinking of a different sort of play).

A further meaning for the rats was found by Freud in the patient's pronounced *anal eroticism*, which had been greatly stimulated during his childhood through an irritation of the anal zone by worms. Rats mean money ("rates"—"rats"). When the patient was informed about the price of the treatment, he said to himself: "So many dollars, so many rats." He has coined a rat currency for himself. The rat also led to the association of syphilitic infection (was his father infected?). Rats also stand for prostitutes who prowl about in the dark. The rat is a phallic symbol and the cap-

tain's story stimulated the fantasy of anal intercourse. Freud also finds a connection with *hei-rat-en* (marrying). Via the Rat-Wife in Ibsen's "Little Eylof," rats also come to represent children. Then follows a very important passage in Freud's paper:

"Once when the patient was visiting his father's grave he had seen a big animal, which he had taken to be a rat, gliding over the grave. He assumed that it had actually come out of his father's grave, and had just been having a meal off his corpse. The notion of a rat is inseparably connected with the fact that it has sharp teeth with which it gnaws and bites. But rats cannot, with impunity, be sharp-toothed, greedy and dirty; they are cruelly persecuted and mercilessly put to death by man, as the patient had often observed with horror. He had often pitied the poor creatures. But he himself had also been a nasty, dirty little wretch, who was apt to bite people when he was in rage, and who had been frightfully punished for doing so. He could truly be said to find in the rat's living likeness of himself. It was almost as though Fate, when the captain told him his story, had been putting him through an association test: she had called out a 'complex stimulus word,' and he had reacted to it with his obsessional idea."

Freud concludes that rats represent children, but he fails to continue along this important track. The lady whom the patient loved as the consequence of a gynecological operation was unable to have children.

Freud, in explaining the compulsive delirium, says: "The captain's story about the rat punishment recalled the scene from his childhood when he himself had bitten someone. The captain became a father image. His demand to return the money to the fellow-player produced a defensive formula: 'Yes! I'll pay back the money to A. when my father or the lady have children!' In short, a derisive asseveration coupled with an absurd condition which could never be fulfilled.

"But now the crime had been committed; he had insulted the two persons dearest to him—his father and his lady. The deed had called for punishment, and the penalty had consisted in his binding himself by a vow which was impossible of fulfillment and

which entailed literal obedience to his superior's ill-founded request. The vow ran as follows: 'Now you must really pay back the money to A.' In his conclusive obedience he had repressed his better knowledge that the captain's request had been based upon erroneous premises.

"Only vague intelligence of these events reached the patient's consciousness. But his revolt against the captain's order and the sudden transformation of that revolt into its opposite were both represented there.

"Let us, further, picture to ourselves the general conditions under which the formation of the patient's great obsessional idea occurred. His libido had been increased by a long period of abstinence coupled with the friendly welcome which a young officer can always reckon upon receiving when he goes among women. Moreover, at the time when he had started for the maneuvers, there had been a certain coolness between him and his lady. This intensification of his libido made him inclined to a renewal of his ancient struggle against his father's authority, and he had dared to think of having sexual intercourse with other women. His loyalty to his father's memory had grown weaker, his doubts as to his lady's merits had increased; and in that frame of mind he let himself be dragged into insulting the two, and had then punished himself for it. In doing so he had copied an old model. And when at the end of the maneuvers he hesitated so long as to whether he should travel to Vienna or whether he should stop and fulfill his vow, he represented in a single picture the two conflicts by which he had from the very first been torn—whether or not he should remain obedient to his father and whether or not he should remain faithful to his beloved.

"I may add a word to the interpretation of the sanction, 'otherwise the rat punishment will be carried out on both persons.' It was based upon the influence of two infantile sexual theories, which I have discussed elsewhere. The first of these theories is that babies come out of the anus; and the second, which follows logically from the first, is that men can have babies just as well as women. According to the technical rules for interpreting dreams,

the notion of coming out of the rectum can be represented by the opposite notion of creeping into the rectum (as in the rat punishment), and vice versa."

I regard Freud's solution as forced, and wish to present another solution. The patient was fixated homosexually to his father. His death wishes against his mother were caused by a desire to have his father to himself.

This explains the dream quoted by Freud:

My mother was dead; he was anxious to offer me his condolences, but was afraid that in doing so he might break into an impertinent laugh, as he had repeatedly done on similar occasions in the past. He preferred, therefore, to leave a card with "p.c." (pour condoler) written on it; but as he was writing them, the letters turned into "p.f." (pour feliciter).

Interpretation: When a mother dies, one may be congratulated ("p.f.") because then one has the father to oneself.

The patient displaces his homosexual attitude to heterosexual objects. In another dream, *he sees Freud's daughter. In the place where her eyes should be, there are two patches of dung.* Freud translates: "He marries my daughter not for her beautiful eyes but for her money."

I translate: "Your daughter's eyes represent for me your anus, which is my sexual goal." When he kisses the daughter's eyes, he fulfills the fantasy of an anilingus. The rats prowling around in sewers, they eat dirt. He is psychically blind for these wishes. He has lost his eyeglasses. The captain's story aroused the desire for anilingus, hence the identification with a rat.

The formula: "Do not pay back the money, or your father (and the lady) must suffer the rat punishment," and the sanction: "You must return the money to A.," must be reduced to the following: The formula "Pay back the money," means "Reconvert the heterosexual (love-money) to the homosexual one. (Return the love to the place where it belongs, i.e., into the father's grave or to the captain, the father image.)" It is also characteristic that the patient lost his *pince-nez* (pinching, biting). In my opinion, the captain's story produced the old fantasy to devour the father out of love

(cannibalistic and necrophile fantasies). Return to the father the love he has given you! How can you do that? By eating, by incorporating your father. This is, in my opinion, the core of the compulsion. Everything else was only acting and displacement. The circuit of money (the lieutenant, the lady at the post office, etc.) represented the circuit of his love. But something drove him back, he was driven to his father's grave. When he recounted the story of the rat punishment during analysis, Freud saw in the patient's face an expression of disgust at a pleasure unknown even to himself. *This pleasure is the lust of necrophilia.*

At his father's grave, he had an hallucination which explains everything to us. He saw a rat come out of the grave and whisk by him. The rats are his evil thoughts which are concerned with his father's corpse.

The patient's compulsion can be understood only by simplification. The solution of the pince-nez formula is as follows: *I must carry out something I neglected to do in the past.* It is evident that the compulsion is a substitute for an unfulfilled impulse. It seems to me that this impulse is a necrophilic one.

The idea that through his father's death he would become rich enough to marry, appears to originate from the same source. "Only after my father's death will I be able to satisfy my cannibalistic instincts (biting)."

The treatment was very successful. This fact proves how many of the indicated components were discussed, and that analysis can be successful, even if the last is not said.

We frequently have this experience in the treatment of compulsive neuroses. The best analyses, which uncover the core of the illness, may be unsuccessful; other patients whose analysis was never completed, are cured. Sometimes, recovery occurs with unexpected suddenness: one day the patient is entwined by his compulsions, the next day he is well. In most cases, it is a question of "either-or." Either the entire system breaks down or it remains in existence, despite an apparent improvement in the patient's condition.

There are cases in which the mere knowledge of the symptoms enables the analyst to diagnose repressed homosexuality.

Case No. 54. A letter from the patient read as follows:

"My compulsion neurosis has concentrated its symptoms chiefly on my right side. The left side of my body is much less sensitive than the right, which, in turn, is oversensitive. The reflexes on both sides are normal and the same. I must reproduce any sensation experienced on my right side, such as pain, on exactly the same spot on the left side (by pinching, etc.). In general, I like to receive such sensations on my left side, and I am constantly thinking of how to obtain them. Certain spots, such as the outer side of the little finger of the left hand, can be easily noticed since they are slightly inflamed. I like to walk in such a way that my left foot is in the sunshine and the right foot in the shade. These experiences occurred for the first time during my school years.

"I hate sandpaper. It still makes me shriek. The mere thought of it causes me to feel uneasy. I then have to moisten my hands and clench my fists. I have experienced a fear of castration on the toilet, as a soldier, and also in the street. In my job, the very first day I had to scrub copper bars with sandpaper. I would have like to run away at once. Since my hands got very dirty, I had to go over to the wash basin every moment to moisten them. (Sometimes I spit in my hands.) My fellow workers made fun of me, and being very sensitive, I felt very unhappy. I envied all the people who did not have to do that hated work and I could not understand how the others could do the job with dry hands. My sense of honor and my self-assurance were destroyed. Add to that the contact with the uneducated workers, who could not understand me since I was only interested in intellectual pursuits. Had I not been able to study music, science and, above all, foreign languages in my free time, I would have committed suicide.

"My first recollection is that of my late sister lying on the couch. We were caught playing a game which consisted in exposing our behinds; we were told that that would make us sick. Once I put my penis against the anus of a boy, and afterwards feared he would

have a baby. I never played sexual games with girls, though I liked to play with them in general. I hated playing soldiers and was afraid of the history class; I, never was able to remember historical dates. Even in the face of a reprimand by the principal I never concealed my anti-militaristic attitude. For my anti-religious views I was once spanked on my naked behind, but instead of crying I laughed and infected the whole class with my laughter. Even in the presence of the principal I went on laughing. Despite all this, in view of my talents, he advised me to become a teacher. I did not, because I would have found it impossible to teach history and religion against my conviction. Apart from that I consider teaching the ideal profession.

"I learned French, though I hated it. It proved, however, of use when I fought in France, because it gave me a chance to get along with the population. I never knew hostility, and during my stay in the trenches I threw my gun aside and never fired a shot. I could not harm a fly or a bedbug. I was sent to a hospital with an insignificant wound, then to a home for mental disorders on account of "battle fatigue," and was finally discharged. I embarked on a commercial career, and later studied medicine for the sake of interest. For a long time I lived as a vegetarian and took part in all sorts of radical movements. I have not drunk beer up to this day. I am smoking with moderation. I have masturbated since my sixteenth or seventeenth year, after the usual struggle. From my nineteenth year on I had intercourse on rare occasions. I practised nudism and, by this system, overcame masturbation and sexual desires. I was always tempted by very young girls with a slight divergent strabismus and light-blonde hair. My sister had blonde hair, but her eyes were narrow set. Nothing of a sexual nature ever happened between her and me. While my sister has turned very religious lately, I could not go back to the religion of my childhood; not even in the trenches was I able to pray. I do not recognize any authority, but form my own judgment. However, I feel respect for truly great men, such as Dr. Zamenhof, the inventor of Esperanto, Verdi, Puccini, and above all, you, Dr. Stekel. Your work is, in my opinion the most valuable thing ever done

for the good of mankind. I have read all your books, and I am waiting impatiently for more. I hope to be freed from my disturbing illness, but, so far, I have been unable to find an explanation for my compulsive activity. I do obtain a certain gratification from these acts, but at times they get too strong. My potency is normal, and I like all kinds of paraphilia, especially biting. I like best *coitus a posteriori*. I also like to lie on my back and have my wife squat on top of me. I never had any homosexual intercourse, though I have often admired a beautiful male body. I detest bodies of older people. My sexual object must be young. My repressed sexual aim is *penis in anum*, but I do nothing about it because it is painful for the partner.

"Formerly, I had the stereotyped dream, almost every day, that *I could fly. But there were always wires which prevented me from coming down to the ground.*

"From my childhood I remember two dreams:

1. *A lion is sitting on a stove. He pulls up a burning lamp.*
2. *I am being pierced in my back and die.*

"As a child, I often played oracle. Often I was afraid I would push someone under a train. I try, therefore, to avoid coming near trains, even today. I am a fresh air fanatic. I often had trouble in my jobs because of that. Therefore, I prefer to be independent.

"I could not have intimate relations with men or women. I never knew any demonstrations of tenderness in our family. I feel greatly attracted by older children, though I never had an opportunity to approach any. My first fiancée was very young and infantile, my wife is twenty at present and looks very young."

The homosexual tendencies are so clearly visible that one cannot help wondering why the writer of the letter did not detect them himself. The two dreams become understandable if one knows that big animals in dreams usually represent the father. The first dream, therefore, means that the father has ignited the flame of his sexuality (the patient may have observed intercourse between his parents), the second is a homosexual fantasy.

Of importance is the comparison between the two sides, left and right. This symptom is very frequent in compulsion neu-

rosis. Some spend hours before the mirror to compare the two sides of their bodies, and many claim that their faces are asymmetrical (physical expression of their mental asymmetry).

Comparing is one of the salient characteristics of the patient suffering from compulsion neurosis. He compares various parts of his body with one another, he compares himself with his father, with his brothers and sisters, and with other people. He compares various achievements. A comparison is a conclusion drawn with reference to one's own ego. Left and right represent a player and his opposing partner, voice and counter-voice, homosexuality and heterosexuality, evil and good.

In my *Die Sprache des Traumes*,³ I have demonstrated that fear of tuberculosis or syphilis may mean fear of homosexuality. I wish to relate an extremely revealing case:

Case No. 55 Friedrich K., aged forty-three, employed as a custom official, describes his case as follows:

"I am terribly afraid of contracting tuberculosis and try to free myself of this fear by continuous washing. During the war I was in a hospital suffering from inflammation of the kidneys, an illness which was quickly cured. I overheard an orderly saying that people suffering from kidney trouble die soon, though at first they seem to improve. Since that time I keep a strict diet and have to test my urine all the time. I learned that at the hospital. Best of all, I should like to buy a microscope. I have read many books on kidney diseases.

"Now this fear has receded somewhat. I am now afraid to die of tuberculosis and to infect my whole family. I watch people to see if they cough or look sick. If someone coughs in my presence I must hurry home as soon as possible and wash. I wait until my family are in bed. Then I take my jacket and let water run over it. This has to be done according to a certain system and I think, at the same time: 'Now it is good and enough.' (This is a well-known compulsive neurotic formula.)

³ Verlag Bergmann, Munich.

"Then I do the same with my writing utensils. I am very strict about allowing anyone to use my writing utensils in the office. I always wash them carefully, until they are clean in my eyes.

"I avoid shaking hands with anybody. If I cannot prevent it, I cannot touch my writing things before having washed my hands. Since this cannot take place in the presence of other persons (because I have to speak my formula aloud, while thinking my thoughts through as undisturbed as possible) the toilet is my salvation. My washing mania first appeared when colleagues of mine had something to do with sick people or sickness. There are persons in my office of whom I am terribly afraid. The people who work in the room of a fellow official who died are, to me, a source of grave irritation. I am afraid my wife might buy fruit from the (incidentally, very healthy) widow of a railway employee who died of tuberculosis four years ago. When I pass a house in which someone has died of the grippe (during the epidemic) I have to lift my leg like a dog and, thinking of the dead, I must speak the formula: 'May you all rest in peace, I shall not tread upon you.'

"The postman makes me tremble. He might be the bearer of bad news. I avoid all mail boxes.

"All the people in my office had served in the army for twelve years. In order not to be held in contempt by them, I lied and told them I had been a soldier for five years, though I actually had been in the army for only nine months and had then been discharged for reasons of poor health. This made me particularly embarrassed when I entered the army as a buck private during the war. I was afraid a former colleague might see me, and I would never be able to survive the humiliation.

"I am afraid of the authorities and of all official papers. I fear they concern me, and imagine that I am being persecuted for some wrong I have done.

"I cannot stand any stains on my clothes or on other things. Black ink spots remind me of death, red ones of blood, yellow ones of excrements. My horror turns into panic if I think I notice blood in animal excrements in the street.

"People in mourning clothes disturb me. They may be mourning

someone who died of tuberculosis. (Other contagious diseases also cause me fear of death.) If I see a funeral procession, I run away as fast as I can and repeat: 'This does not concern you. These are strangers. You have not seen anything.'

"Even if a person has had a slight disease and has completely recovered, in my eyes he remains sick and is forever taboo.

"I am extremely superstitious. If my left ear rings, it means something good, the right ear, something bad. I have a horror of roosters. For it says in the Bible, 'Before the cock crow, thou shalt deny me thrice.'

"My life is very complicated because I make my rational actions dependent on my obsessions. Often I have to leave very important things for the next day because of some evil omen. That makes my life very hard, since I have an uncanny gift to think up such omens.

"All the time, I am afraid someone is going to denounce me.

"When writing I often cross out the last word and put it at the head of the sentence. Some words such as 'looked for,' must not be the last in a line. If the words stand at the end, that means the pursuers are close. What has been 'looked for' has been found. The word 'are' is in the plural; it means two people, myself and the wife of my supervisor (with whom the patient has a love affair). We both are guilty. In my opinion only the wife is guilty, for she has seduced me.

"My life is an ordeal. The silence of the grave reigns in my house. We sit around in silence. No one ever comes to see us, we never go to see anyone. My wife accuses me, because I flee company. I think it is her fault. She is hard of hearing. No one likes deaf people, who hear you only if you shout. She is an uneducated woman, but I never say anything about that in order not to hurt her feelings. This monotony makes my brooding worse.

"I do not want to speak evil of my wife, but she is largely responsible for my illness. She is a good housewife, but she dresses sloppily, while the wives of my colleagues are all nicely dressed.

"I am in the habit of always skipping one day. What I should do tomorrow I do the day after tomorrow. As a matter of fact, I like

to put off any decision. I have a strong inferiority complex. Everywhere I see nothing but duties and no rights. What is due me I accept as a present. I receive my salary as if I had not done anything to deserve it. I tremble before every raise, I am afraid to be overlooked. Then, when I advance in the manner prescribed in the civil service code, I take it as though it were a special honor.

"I never take sides. I am afraid the man on the other side might later try to get even with me.

"I cannot enjoy anything my family cannot enjoy. If I look at the magnificent buildings here in Vienna, I think: 'Why can't they see all this, too?'

"I cry easily, and so does my wife. We both broke out into tears last night after intercourse.

"Once on a walk I noticed a handkerchief on the ground. My wife picked it up before I could stop her. I was terribly upset and did not allow her to touch anything else before she had washed her hands. I have finally gotten my wife and son to wash their hands the moment they come home. Looking out of the window I always think: If I fall out now I'm done for. In my imagination I see myself lying on the pavement.

"My son is a good student. He is also very excitable. From six to ten he stammered, but now has considerably improved. When asked firmly for the reason, he said he was searching for appropriate words. He is now at the head of his class. I leave him a free hand in most things, because I don't want him to go through my experience. He is a passionate footballplayer. He resents that I am not interested in it at all.

"I can't throw anything away. I have to examine minutely the paper in which my lunch is wrapped, it may contain something which might give me away. In my imagination entire stories are written on it. I tear the paper into little pieces and burn it, though, of course, nothing is written on it at all.

"At home I get the biggest helpings of meat. My wife eats very little and is evidently undernourished. She is extremely thin. I am convinced that she is not sick, but I fear the consequences of undernourishment for her and ask her to eat more. She does not have to

economize to such a degree. We even have some money in the bank. Then she has a rich brother. I never met him, because he has no heart for his sister."

Here ends the patient's report.

To understand the outcome of this case it is necessary to know the difficulties he had in coming to Vienna. He had to write innumerable petitions to obtain a grant of money. We must also know that in his free time he played the piano in bars, and that he was well paid for that. But again and again he had to give up his musical occupation because he met too many people in connection with the activity. He, of course, was also hampered in his regular job.

He arrived at my office with all his baggage. He thought I had some kind of hotel in which I would put him up. By chance, he found lodgings with a widow who had several rooms for rent and made her living this way. This circumstance is of importance, as we shall see later on.

During the first days the analysis progressed very well. He told me the story of his youth, which showed the well-known picture of a child growing up in an unhappy family. His father was short-tempered, a brutal dictator, before whom his children trembled. His mother was a helpless slave without any will of her own. He had two sisters and a younger brother. The entire family revolved around the father who often beat his children. Even at twenty-one, the patient was beaten by his father when he came home an hour late. This father was the center of the children's universe. Shortly after his death, when he thought to be free at last, the patient's troubles began. Up to that time he had always been his father's obedient son. He had even married at his father's request. He thought the time had come for him to live his own life. Then the illness broke out and he became an unhappy man.

He is particularly afraid of law courts and trials. Once, while spending the night at the home of a railway switchman, the wife of his host had come to him during the night and seduced him. He continued a love affair with her for about a year. He is tortured with the fear that it might become known and that her husband

might sue him for adultery. He accuses himself of crimes even when they happened so long ago that they would no longer be punishable under the law.

It might be natural to assume that such a person would try to keep clear of entanglements; but the opposite is true. He still keeps up relations with three women. After he has been with one of them, he implores her not to let him come again; and then he does come again. However, since his condition has grown very bad, he is able to control himself better (isolation tendency and self-protection through his neurosis).

At the very beginning of the treatment, I noticed that his reactions were disproportionate to their causes. Such exaggerated reactions justify the suspicion that graver accusations are hidden behind the experience. He has had intercourse with a married woman. That happens often enough without causing such remorse and anxiety.

The cause for his strong reactions was his fear that the truth might come out. I therefore suspected him of feeling guilty of many other sins. He developed a psychological anaphylaxis towards adultery but, in spite of that, was driven to it again and again.

He asked me if I objected to his having a love affair in Vienna. His wife had always been frigid, and that was the cause of his marital unhappiness. He thought that regular intercourse would cure him.

I pointed out to him that he must not get into new conflicts while under treatment and I made him promise me not to seek any adventures during his stay in Vienna. He replied: "I am glad you told me that, doctor, otherwise I would have started something with the widow in the house where I live."

He had many other problems on his conscience, as I had foreseen. This type of patient admits first only his minor sins, and it is only later that the important ones come to light. In this case, it was a question of incest. He had a love affair with his sister-in-law, with whom his potency was very good and his orgasm satisfactory. The affair started after his father's death. His brother had taken

over his father's farm. Friedrich was a student then; he wanted to become more than a plain farmer. The affair had been going on for many years. They had frequently decided never to meet again, but they weakened again and again.

He loved the woman passionately and would have married her at once had she been free. He had two plans. His brother had to die (by poison). Then his own wife would have to die. Or he pictured that his wife died (of tuberculosis), he gave up his job, became a farmer, and went to live with his brother.

It was clear that he hated his wife and wanted her to die. He had married her at his father's request while he was in love with another girl. This girl was poor, while his wife had money. But she remained a peasant woman who could not get used to the ways of the city. She cried on her wedding day, and during all their married years she was morose and unhappy.

A dream opened a new track:

In church, the preacher, a very strong man, is standing in the pulpit. I am standing next to him. A third person states that thick blue and other color pencils have been stolen from a case. I feel that I am wrongly accused and that somebody else is guilty. Is it possible that the preacher himself had broken into the case? He is telling me that the people are waiting for the sermon. The text is, "My wife is your wife." I wake up, my heart beating wildly.

The preacher is in reality a strong man and, as rumor has it, is fond of women. His own father had also been a giant of a man, and no girl in the neighborhood or on the farm was safe from him. Blue pencils are used to mark mistakes. The case in the dream was exactly like the chest his wife brought along with her, and where she kept her clothes. His father had often lectured him on being careful or he would get into trouble with the law. (Friedrich used to like candy and once in a while stole some.)

I asked him for the meaning of the sermon, "My wife is your wife." He is embarrassed. After a long pause, he confessed that he suspected his wife to have been his father's mistress. Their first child was born after seven months and died soon after birth. He had had the idea that it might have been his father's child.

Another dream: *A circus has given a performance during a festival. After the festival, the circus remains for some time. When it leaves, I am surprised that the director and the higher employees can afford to smoke such big fat cigars, since they have not had any receipts for such a long time.*

As they are leaving, music is to be heard, and a girl strikes a false note on a xylophone, which is made up of postage stamps. The note does not fit into the tune, at which I am surprised. But this sound is louder than the entire band. As the procession gets under way, I find myself in the house where my wife was born. The girl has disappeared or has turned into my wife. I have to pass water and go into the stable. My penis is hard and very big. My sister-in-law comes into the stable and throws corn to the chickens. I don't let that disturb me and continue urinating, while she keeps on staring at my penis.

The Fair represents a recollection which stayed alive long after the actual "festivity" was over. The patient's associations soon began to go astray. He was visibly embarrassed. He emphasized over and over again that he was a passionate smoker and that he preferred big, fat cigars. This made me think of a fellatio fantasy. First he did not want to hear about it, but then he remembered that his brother made him take his penis in his mouth. That always took place in the stable. He was forced to swallow the semen. (His sister-in-law throwing corn to the chickens.) Finally he realized that he found his sister-in-law so seductive because she was the *wife* of his beloved brother. In the beginning he had also been strongly attracted by his mother (his father's *wife*).

The girl with the false note is his wife as a young girl. He was always wondering whether his father was the only one. He collected stamps—and he also collected married women; but only those whose husbands he liked. The switchman was also a strong man and had a large penis. He could write using only thick penholders, otherwise his hand trembled. He always had to have something thick and hard in his hand. He remembered homosexual plays in childhood and a homosexual scene in the army. He believed the inflammation of the kidneys was a punishment inflicted

by God, because on a cold night he crept into another soldier's bed to warm himself. This was a pretext, for later they had homosexual relations.

To Friedrich every person became a sexual object. In the presence of women he thought of the lower part of their anatomy, in the presence of men he thought of the size of their penis. His son had a big penis. So did his brother-in-law, his wife's brother with whom he was on bad terms. Why? He behaved very badly during the war and never let them have any food, although he himself was abundantly supplied. This was only a superficial motivation. He wanted to start a love affair with the wife of his brother-in-law. He got as far as kissing. His brother-in-law surprised them in an amorous embrace and chased him out.

I approached cautiously the subject of his relations with his son. He was full of praise. He said that his son was an athlete, endowed with a wonderful body, just like his grandfather. Between them there was a strange restraint. He never undressed in his son's presence and vice versa. The associations again drifted away.

He mentioned that all words containing the syllable "son" were taboo. Noticing a pen on the floor he had the idea: "This is a Sonneck pen (Sonneck pens are a well-known brand), you must not touch it." After that, he wondered whether or not he had touched it. Finally he arrived at the saving formula: "I have not touched it. It is an old, useless pen. It cannot be an unused pen."

I began to see which course the analysis was taking. Friedrich had played with his son. He finally admitted that when he stayed in bed long on Sunday mornings, his son often came into his bed. He then would fall asleep again. This had not happened for several years.

All this he told me during the first two weeks. Then he became uncooperative. Compulsions, which had subsided, reappeared again. I was able to unearth the fact that he wanted to get poison into his house, and that he toyed with the idea of infecting his wife with some deadly disease. Once he brought home some papers

from the office which had been last handled by a colleague, who had meanwhile died of tuberculosis. He was supposed to disinfect them. He forgot to take them back and left them in his wife's drawer. (We can easily detect his real intentions).

Another dream lead me to the suspicion that he had started a love affair with his landlady and her son. He swore that such was not the case. Through a ruse I obtained the truth which bore out my suspicion. I pointed out to him that he had come to Vienna to be cured, but that, instead, he did nothing but burden himself with new traumata. It took several days to calm him down. Meanwhile he had fallen in love with the widow and proposed to her. The analysis was finished. He had to go home. He wrote her innumerable letters, imploring her to assure him that she would not sue him for breach of promise. Upon my advice she did not reply. Finally his wife asked her in a letter to write and reassure him, which she did. After some time Friedrich became calmer. I never heard from him again.

From this example can be seen how far the patients will go to prevent a cure and to deceive the doctor. In Friedrich's analysis the homosexual component became clearly visible. The compulsion to lift a leg points to an identification with a male dog that is running after female dogs.

We can see that the fear of discovery and the fear of law courts is well-founded. He had committed many crimes and had told us only a part of his transgressions. He resented that his wife was not a virgin and tortured her for it—though in a roundabout way. He had heard that worry might cause tuberculosis. So he gave her reason to worry. That he invited her to eat more was pure hypocrisy. For he ate so much that almost nothing remained for his family.

Thus he reveals to us the double nature of the compulsive. He poses as an altruist, while in truth he is a brutal egotist. His guilty conscience stems from the various crimes he has committed. Even more evident are his criminal fantasies, in which all obstacles are overcome by the use of poison or infection.

We again see clearly the fear to remember. Friedrich avoids all

associations which point to his criminal ego and his bad conscience. Did he also entertain ideas of killing his father? Was he not furious when his father left his farm to his older brother?

If his father and brother were to die, then he would be the heir. What good is his humble position as an official, the uniform, the money he has inherited, if he is deprived of the plot of ground on which he has labored in his youth. In his first dream *he finds thick blue pencils which are used for corrections*. Did he want to correct his fate?

We now understand his horrible fear of bacteria. No doubt, he would have used them gladly for criminal ends. His moral ego forces him to behave as if he wished to protect his family from infection.

His troubles started with his father's death. He wanted him to die; but the second death, his brother's, was still outstanding. Of his sister-in-law he was sure. They had a love affair, she would certainly become his, and after his wife's death, he would again be in possession of the land that had belonged to his father. Death is trump. That is why he does not want to hear of death. God will punish him and levy great retribution.

The next case, which was presented by Raymond-Janet, is another one of those where a compulsion developed after a death:

Case No. 56. Mrs. Bre., thirty-six years old, was always somewhat nervous, but emotionally well balanced—up to the critical moment. Six years ago, she had to nurse her gravely ill husband. She did not realize the seriousness of the situation and asked the doctor if *she and her husband would be able to go to the country in two weeks*. The physician replied, thoughtlessly, "What an idea! In two weeks your husband may be dead." The woman was horrified. This information was a tremendous shock to her, which she felt as an acute pain in her head. The pain was situated at the point where the occipital and the parietal bones meet, at the posterior fontanelle, and radiated into the right side of her head. During the night she was somewhat delirious, but she felt all right

again the next morning. From then on, she suffered from a number of strange symptoms which will be discussed later. They were neither worse, nor did they improve, when her husband died a few days later.

Her symptoms consist of a feeling of fatigue in her head, upset stomach, sleepiness, inertia, insomnia, or inability to grasp the meaning of words or writing, irregularities of menstruation, paresthesias, and a troublesome urticaria before the onset of the menses.

The main symptom is a certain form of amnesia which she cannot conquer and which had become a torture for her: *she has forgotten her husband's image.*

From the day on which the bad news was communicated to her by the physician, it seemed to her that she had *de facto* lost her husband. She felt as though he had disappeared, as though he were erased from her brain. She talks of him continuously, she has an intellectual memory of him, she can even describe him. But her description is only a theoretical one. She cannot recall his features, or the sound of his voice. In short, she has no tangible memory of him.

She tries to revive his picture by means of photographs. She makes every effort to gaze at them. She moves her head and eyes convulsively as though she did not want to see. Then she exclaims, "The picture does not mean anything to me!" She does not recognize her husband; even the photographs cannot activate her memory. She tries in vain not to think of it. Something forces her to rip open her wound again and again; she has a compulsion to think and to remember, and always comes upon a blank spot in her thoughts.

Janet searches for a solution to this case and overlooks the fact that the patient did not *want* to think of her husband; that she wanted to forget him, that she had already made plans as to how she would use her freedom, and that she had to atone for these thoughts. The fact that she did not recognize the seriousness of his illness (which every loving wife certainly would have done), that she thought of going to the country, shows that she did not love her husband and that she longed for his death.

Now the dead takes revenge. Because she wanted to forget him too quickly, she cannot forget him at all.

The following case (Dr. Goyard's observation) resembles the case of Friedrich (*Case No. 55*):

Case No. 57. A man, unknown to Dr. Goyard, came to his office. His card identified him as a veterinarian. Some minutes later, the servant indicated to the man that he could go in to the doctor. Dr. Goyard stretched out his hand, but the stranger recoiled and shouted, "Doctor, I cannot shake your hand because I am afraid of infection!" Dr. Goyard raised his eyes and saw a man of about forty standing before him. His clothes were hermetically buttoned up, he wore gloves and his throat and chin were wrapped in a big scarf. The veterinarian sat down and, with interruptions, told the following story: "Doctor, I am a hopeless man, I cannot be cured. I was always a healthy man and I practiced my profession regularly until I became intensely interested in the problem of bacteria, a problem which, as you know, attained recognition only after a hard struggle. Up to then, I had employed the usual means of protection, but gradually my confidence in their effectiveness diminished, in the same measure as my belief in the harmful effect of bacteria increased. Finally, I concentrated only on fighting them. I spend all my time creating barriers to prevent them from entering my body. I live in constant fear, all the more so, since my profession makes it necessary for me to treat sick animals which are devoured by microbes. I shall tell you about the protective measures I am taking in order not to become the victim of bacteria." Then the unfortunate man explained to Dr. Goyard the incessant tortures which made life unbearable for him. He does not dare to ride in a bus for fear of breathing the air which has already been inhaled by other people and, consequently, is contaminated. He never gets into a carriage without first examining it as to its cleanliness and shaking out the cushions. During train rides, he anxiously reflects how many people may have passed through the coach, how many of them were sick, what bacteria they might have carried that could be transmitted to him, etc.

Naturally, he always washes himself with antiseptics when he leaves a vehicle, and also sprinkles his clothes with them, morning and night. He would like to close off hermetically his entire body, just as he does with his hands; since this is impossible, he always holds a handkerchief in front of his mouth in order to protect himself from infection. He never shakes hands with anyone who does not wear gloves. He avoids all contact with women and lives in complete seclusion. His servant, too, must exercise extreme caution. Everything he uses—underwear, linen, furniture, etc.—must be frequently washed, brushed, and disinfected. His food must be well cooked and served very warm.

Occasionally, his fear of bacteria diminishes. At such times he pulls himself together with a great effort and omits his usual precautions. But then he is overcome by severe anxiety, accompanied by precordial pressure and a fear of annihilation. He feels desperate and starts to tremble; he does not dare to touch or eat anything because he sees enemies everywhere. Only when sleep has relieved his anxiety, or when he is forced to do so by extreme hunger, does he dare to take some food.

He had consulted various physicians in his hometown. Aside from his bacteria phobia, the patient's intellect was normal. The continuous contact with sick animals caused him constant anxiety, although he wore gloves at his work. Since he did not have a moment's peace, he decided to give up his profession.

Dr. Goyard prescribed hyosciamin and, for suggestive purposes, also recommended that he take a steambath in turpentine daily or every other day. Dr. Goyard explained to the patient that during these baths the organism absorbed through the skin and the mucous membranes great quantities of turpentine which is deadly for bacteria. These amounts of turpentine would suffice to impregnate his body for two days, so that every microbe which got in touch with his skin was destroyed.

Unfortunately it is not known whether the patient followed Dr. Goyard's advice, and how he progressed.

These were the methods used by the old school. Janet and Loewenfeld report successes with hypnosis. I have found that

compulsives cannot be hypnotized. The only rational method is psychoanalysis, which also fails occasionally, as it did in Friedrich's case, because the patient did not want to be cured.

In reviewing these cases, we notice in our patients' a powerful tendency toward punishment, which may be put into the following formula: You must not be happy. These people claim that they are destined for suffering. They complain about their troubles but they are, nevertheless, afraid to renounce them. It would be easy to interpret this behavior as an expression of a masochistic tendency. But, as I explained in *Sadism and Masochism*, this masochism is only introverted sadism.

The aim of every human being is happiness. Compulsives have lost the feeling for happiness, they are candidates for suicide, but lack the courage to commit it. I cannot recall a single compulsive who took his own life. Other physicians may have had different experiences. All my observations confirm my belief that the illness represents a compensation for the suicidal tendency. The patients have the secret formula, "Even if I do suffer greatly, life is still beautiful." Or, "As long as I suffer so much, I may remain alive." Others transpose the happiness they expect into the life after death. They will then be compensated for the happiness they missed on earth.

All compulsives are religious, even if they pretend to be atheists. Perhaps I was never more struck by this fact than in the following case:

Case No. 58. The patient is a handsome, well-read technician, aged twenty-four. He wants to be freed of a compulsion. He comes from healthy parents. He has an older brother, a physician, and a younger brother who also studies technical science. He recalls that as a child he was very sensitive and suffered occasionally from anxiety spells. He was very much concerned with the problem: Does a hereafter exist, and is there a Hell?

At the age of twelve he lost his father in a tragic manner. His

father wanted to commit suicide and pointed the gun at himself. At this moment an apoplectic stroke paralyzed his hand and quickly ended his life. The patient's family, devout Catholics, regarded this incident as a divine ordinance which protected the father from the mortal sin of committing suicide. There was a great deal of talk about this strange coincidence among the family and in the village where they lived. The patient claims that he was told the whole story only later. However, it may be assumed that it was this event that precipitated his illness. *For in the course of that year he had a dream in which his father appeared and ordered him to suffer and to make life unbearable for himself for the purpose of expiating his father's sin.*

He invented innumerable variations of these expiations. He had to touch certain objects twenty times; he had to open and close his eyes a hundred times; he had to walk on tip-toe for a quarter of an hour. Thus, he wanted to free his father from the burden of his guilt.

However, these expiations were too simple to be effective. He complicated them more and more and made them increasingly difficult.

Gradually, the motive of his suffering also became more involved. At first, his only aim was to liberate his grandparents from the tortures of Hell. Then he began to believe that God had destined him for suffering in this world and that he would be rewarded for it with eternal bliss in the hereafter. At the same time, the belief took hold of him that he could not succeed in anything unless he fulfilled exactly the expiations he had imposed upon himself. Any omission would have to be paid for with an accident.

Twice this belief was "confirmed" by strange coincidences. The patient himself admitted that for no one else would they constitute any proof of a connection between omission and punishment. For him, however, they were absolute proof.

First proof: He went to an examination after omitting one of his rituals—and failed. (This is a weak proof, because compulsives arrange the punishments for themselves and thus always have their proofs at hand.)

Second proof: He omitted to carry out one of the expiations and then made the decision to study medicine. These two years of study were years of torture and doubt. Shouldn't he rather study technical science? (Vacillation between the older and younger brother.) After those two years, he returned to technical science. He regards these lost years as God's punishment for his omissions.

His belief in God is not his real faith. He cannot believe. He is an atheist. Already in high school, he tried to solve the problem of existence. In his brooding he went beyond the limits of human logic and was close to losing his mind.

His sexual drive was developed early. He began to masturbate while he was still very young. Later he stopped manual masturbation and substituted for it mental masturbation. At the age of eighteen he attempted intercourse for the first time. His erection was normal, but although he made every effort, he was unable to achieve orgasm. Later, after his medical studies, women became for him just specimens.

He is very unhappy and describes himself as a candidate for suicide. His studies progress only with great difficulties. His teachers claim that he has great talent and predict that he will be very successful. He is doubtful about this prediction for he knows that he will deny himself every great success.

He is especially troubled by his depreciation of women to a neuter, a specimen, and admits homosexual fantasies. Under some negligible pretext, he postpones treatment for a year (flight from recognition).

In this case, we encounter a phenomenon which is a common characteristic of compulsives: neutralization of the sex object. They devalue the sex object until it is finally de-sexualized. This neutralization of sexuality is possible only when the actual sexual aim is unattainable. For this patient, women are specimens because he is attracted only by men and because his heterosexuality has been repressed.

Again we have seen a case in which the outbreak of the compulsion followed the death of a beloved person. It seems as though man's primal sin were the death wish. The first death wish burdens

the conscience. The power of the dead is nowhere so evident as in a compulsive neurosis. In our case, it is the dead father who appears in the dream as the strict judge and imposes the most severe punishment: "You must never be happy!" This formula is often the opposite of a previous one, which runs like this: "My father is an obstacle to my happiness. When he dies, I shall be happy."

An artist (see *Sexual Aberrations, Case No. 24*) had to spoil every success for himself. He knew that he could achieve greatness if he did not handicap himself. But before every performance he heard a voice which commanded: "You must not have a great success!" It was the voice of his father, whom he had sent to his grave with a death wish.

In nearly all these cases we find homosexual ties to the father. Why, then, the death wish if love is so great? The motive is jealousy. "I love the man so much that I begrudge him to everybody else."

I once treated an American who, after his analysis, developed cancer. I was in a position to be of considerable help to him and he was extraordinarily attached to me. He had to be operated on numerous times. During anesthesia, I had to be present to hold his hands. In the course of the next-to-the-last operation, he made a deeply moving confession while under the influence of ether:

"You know, Doctor, I love you so that I have often walked up and down in front of your office with a gun in my hand because I wanted to shoot you."

"Why did you want to shoot me?"

"Because I begrudged you to everyone else..."

Now we may understand Oscar Wilde's touching words, "And each man kills the thing he loves."

The compulsive kills in his thoughts. He must punish himself for it and hopes for a reunion with the killed in the here-

after. Perhaps his belief in life after death is so firm because it is his only chance to make up to the beloved person for his hate. This may explain the strict rules to which primitive peoples adhere when they mourn an enemy they have killed. How much more severe must these expiations be when they have, or believe to have, killed a friend?

In his brilliant work, *Totem and Taboo*, Freud illustrated the customs, which may be described as the "taboo of the dead," among primitive tribes, and compared this "taboo of the dead" with the symptoms of compulsives.

Among the Maori, everyone who touches a corpse or participates in a funeral is unclean and is shunned by the others (compare Ethel's behavior, *Case No. 44*). This unclean virus of the dead is transmitted to the dead's relatives. Among some tribes the family of the deceased must live in separate quarters during the mourning period. Their dishes are unclean (*treife*, as with Ethel) and must not be touched by others. No hunter would approach their huts—this would mean misfortune (accident and death clause). Their beds are surrounded by thorn-bushes so that the spirit of the dead cannot come close and take revenge. Take revenge, for what? For the death wishes. According to Kleinpaul, all dead are blood-thirsty. They begrudge life to the living. (See our last case—the punishment inflicted by the dead father.) The name of the dead must not be pronounced. For this reason, some tribes give their dead different names (compare the discussion of "Man and Name"). Freud explains this fear of the dead as a projection of one's own bipolarity (he calls it ambivalence). He says:

"We now know how to explain the supposed demonism of recently departed souls and the necessity of being protected against their hostility through taboo rules. By assuming a similar high degree of ambivalence in the emotional life of

primitive races such as psychoanalysis ascribes to persons suffering from the compulsion neurosis, it becomes comprehensible that the same kind of reaction against the hostility latent in the unconscious behind the obsessive reproaches of the neurotic should also be necessary here after the painful loss has occurred. But this hostility, which is painfully felt in the unconscious in the form of satisfaction with the demise, experiences a different fate in the case of primitive man; the defense against it is accomplished by displacement upon the object of hostility, namely the dead. We call this defense process, frequent both in normal and diseased psychic life, a *projection*. The survivor will deny that he has ever entertained hostile impulses toward the beloved dead; but now it is the soul of the deceased that has them and will try to give vent to them during the entire period of mourning. In spite of the successful defense through projection, the punitive and remorseful character of this emotional reaction manifests itself in being afraid, in self-imposed renunciations and in subjection to restrictions which are partly disguised as protective measures against the hostile demon. Thus we find again that taboo has grown out of the soil of an ambivalent emotional attitude. The taboo of the dead also originates from the opposition between the unconscious grief and the unconscious satisfaction at death. If this is the origin of the resentment of spirits it is self-evident that just the nearest and formerly most beloved survivors have to fear it most.

"As in neurotic symptoms, the taboo regulations also evince opposite feelings. Their restrictive character expresses mourning, while they also betray very clearly what they are trying to conceal, namely, the hostility towards the dead, which is now mitigated as self-defense. We have learnt to understand part of the taboo regulations as temptation fears. A dead person is defenseless, which must act as an incitement to satisfy hostile

desires entertained against him; this temptation has to be opposed by the prohibition."

And elsewhere:

"The double feeling—tenderness and hostility—against the deceased, which we consider well founded, endeavours to assert itself at the time of bereavement as mourning and satisfaction. A conflict must ensue between these contrary feelings, and as one of them, namely the hostility, is altogether or for the greater part unconscious, the conflict cannot result in a conscious difference in the form of hostility or tenderness as, for instance, when we forgive an injury inflicted upon us by someone we love. The process usually adjusts itself through a special psychic mechanism, which is designated in psychoanalysis as *projection*. This unknown hostility of which we are ignorant and of which we do not wish to know, is projected from our inner perception into the outer world and is thereby detached from our own person and attributed to the other. Not we, the survivors, rejoice because we are rid of the deceased, on the contrary we mourn for him; but now, curiously enough, he has become an evil demon who would rejoice in our misfortune and who seeks our death. The survivors must now defend themselves against this evil enemy; they are freed from inner oppression, but they have only succeeded in exchanging it for an affliction from without."

According to Freud, the pretext for this projection is provided by real hostilities of the dead (harshness, craving for power, injustice) which are remembered and for which he is reproached by the survivors.

Of these reproaches, the reproach of injustice seems to me the most important one. We have often encountered it among our patients, and we have repeatedly emphasized that compulsives forget everything, except some injustice inflicted upon them by a person they love. Then the love turns into hate.

Neurotics have a very strong tendency to extreme bipolarity. The lability of their bipolarity may be regarded as one of their characteristic symptoms. Freud contends that primitive man has a greater degree of bipolarity than the civilized individual.

He confirms the opinion I have held for a long time, namely, that every neurotic represents an atavistic phenomenon, when he says: "Neurotics who are compelled to reproduce this conflict, together with the taboo resulting from it, may be said to have brought with them an atavistic remnant in the form of an archaic constitution the compensation of which in the interest of cultural demands entails the most prodigious psychic efforts on their part."

This transformation of love into hate and the consequent death wishes, manifest themselves as a bad conscience. Freud defines conscience as the inner realization of the rejection of certain desires existing within ourselves. This is an excellent definition but it is incomplete. Our last patient to whom the spirit of his dead father appears, has a bad conscience. This bad conscience, however, does not originate in existing desires but in past ones. If he could, he would recall the dead father. Conscience is the polar tension between ideal-ego and instinct-ego regarding presence, past and future. I defined it once in the following way: the conscience is the sum-total of all inhibitions which lie between the instinct and the action. Now, I would say: the sum-total of all inhibitions deriving from the ideal-ego.

The compulsive would never become so seriously ill as the result of the death of a beloved person if he had not desired the death of this person and if he did not believe in the omnipotence of his thoughts. This omnipotence of thought is again an atavistic remnant as was proven by the still existing belief in the evil eye.

Freud contends that there is also a social conscience. He traces the origin of totemism to the bad conscience of the sons regarding their father. We know his view on the primal horde:

"By basing our argument upon the celebration of the totem we are in a position to give an answer: One day the expelled brothers joined forces, slew and ate the father, and thus put an end to the father horde. Together they dared and accomplished what would have remained impossible for them singly. Perhaps some advance in culture, like the use of a new weapon, had given them the feeling of superiority. Of course these cannibalistic savages ate their victim. This violent primal father had surely been the envied and feared model for each of the brothers. Now they accomplished their identification with him by devouring him and each acquired a part of his strength. The totem feast, which is perhaps mankind's first celebration, would be the repetition and commemoration of this memorable, criminal act with which so many things began, social organization, moral restrictions, and religion.

"In order to find these results acceptable, quite aside from our supposition, we need only assume that the group of brothers banded together were dominated by the same contradictory feelings towards the father which we can demonstrate as the content of ambivalence of the father complex in all our children and in neurotics. They hated the father who stood so powerfully in the way of their sexual demands and their desire for power, but they also loved and admired him. After they had satisfied their hate by his removal and had carried out their wish for identification with him, the suppressed tender impulses had to assert themselves. This took place in the form of remorse, a sense of guilt was formed which coincided here with the remorse generally felt. The dead now became stronger than the living had been, even as we observe it today in the destinies of

men. What the father's presence had formerly prevented they themselves now prohibited in the psychic situation of 'subsequent obedience' which we know so well from psychoanalysis. They undid their deed by declaring that the killing of the father-substitute, the totem, was not allowed, and renounced the fruits of their deed by denying themselves the liberated women. Thus they created the two fundamental taboos of totemism out of the *sense of guilt of the son*, and for this very reason these had to correspond with the two repressed wishes of the Oedipus complex. Whoever disobeyed became guilty of the only two crimes which troubled primitive society."

While I do not believe in this overpowering of the father by the primal horde, I agree with the assumption that the first guilt feeling is the guilt in the father's death. If it is true that the sons killed their father, he was killed by the son who loved him most and who was envious of the others. Thus, Brutus loved Caesar and killed him out of jealousy because of his love for Anthony.

The son who loves his father most will be the one most likely to wish his death. His remorse could then be expressed in the following words: "I have killed (or: wished death unto) the person I love most."

Patricide derives from homosexual motives. Up to now it was believed that the murder of the father originated from the rivalry regarding the mother. This may be true for some cases. In most of the cases which I observed the driving motive was jealousy of the father's love for the mother, and jealousy of the brothers, i.e., *the reversed Oedipus complex*. Sometimes, both complexes must be taken into consideration. This relationship to the father affects the patient's sexuality.

There are two types of compulsives: those who remain abstinent all their lives, and the others who do have sexual inter-

course but frequently suffer from disturbances of orgasm which originate in their pronounced bi-sexual disposition. These are, perhaps, the individuals of Faust's type who can never be completely satisfied unless they could achieve a synthesis of man and woman in a single person.

What has been said about patricide regarding male compulsives applies to female patients in relation to their mother. If anything contradicts the hypothesis about the primal horde which kills the father, it is the fact that daughters also have bipolar attitudes regarding their mother. The great crime of the female compulsive is the murder of the mother.

In all these cases we shall find the fear of the revenge of the dead who return as spirits. This fear of spirits may manifest itself as a fear of shadows.⁴

The importance of the father complex for the psychogenesis of compulsion cannot be overestimated. Not every case is as simple as that of the technician whose dead father appears in his dream and imposes the suffering upon him. God and father

"It is well known that primitive man is no less concerned about his shadow than he is about his name or his picture. If he lost his shadow he would consider himself forever humiliated. Whatever concerns his shadow concerns himself. If his shadow falls into the hands of others he has everything to fear. Folktales of all countries have popularized this type of incident; we shall cite only a few of them. In the Fiji Islands, as in most societies of this rank, it is a deadly insult to step on someone's shadow. In West Africa, murders are sometimes committed by thrusting a knife or a nail into someone's shadow; if the guilty one is caught in the act, he is executed immediately. Miss Kingsley, who reports this custom, also describes vividly to what extent the Negroes of West Africa are afraid to see their shadow disappear. It is surprising to see how men who cheerfully walked through the woods and bushes during a warm summer day, carefully avoid to cross a clearing in the woods, or the square of a village. It soon becomes evident that they do this only during the noon hour for fear of losing their shadow. One day when I met some Bakwiris who had been particularly careful about this, I asked them why they were not afraid of losing their shadow at nightfall when it disappeared in the surrounding darkness. There was no danger in this, they replied. At night all shadows rest in the shadow of the great god and gain new strength. They asked me if I had never noticed how the shadows were long and strong in the morning, whether they were those of a human being, a tree, or even a mountain." (Levy-Brühl)

enter into a mystic relationship, the entire complex of authority is involved in the illness, past and present flow into one. Time is devaluated. The compulsive knows no aim. Nor does he know reality. The father is immortal. Infantile ideals and infantile horror fantasies are stored in the temple of compulsive neurosis where they are protected from the corrosion of time. Totem and taboo of civilized man! The dead totem animal is honored like a god. The ancient taboos, the laws established by the paternal imperium demand then as now absolute and humiliating adherence. The killed father is stronger than the living one.

The compulsive atones for a terrible crime: the murder of his father. Whether this murder is understood literally or mentally, it has the same results. It is the curse of humanity that we must hate those whom we love deepest.

In analysis the complex of patricide expresses itself in obvious murderous tendencies directed at the analyst if he assumes the father's role in the transference. In the transference the motive is also revenge for the rejection of love.

Compulsives may suddenly break off their treatment if this hostile tendency threatens to overwhelm them. This fact is responsible for many unsuccessful treatments of compulsives, but often analysis is powerless against it. For this reason, very lengthy analyses are dangerous and useless. The hostility between physician and patient increases; apparent devotion, attachment and gratitude turn into concealed hate, bitter opposition and ingratitude. Finally, the patient psychically discharges the analyst after directing many of the death clauses against him.

The bitter opposition between the various analytic groups may originate in the fact that especially among analysts there are many compulsives. Their affective attitude regarding "dis-

senters" is probably proof that they are not cured, in spite of their preoccupation with analysis. "Orthodox psychoanalysis has now become a form of religion or a medical compulsion. Nowhere are totem and taboo exercised more strictly than in analytic circles..."

Chapter Fifteen

*

THE SECRET

No one has ever forgiven you for having recognized him as what he is—however well he may have stood the test.

ARTHUR SCHNITZLER

MANY COMPULSIVES ARE tormented by a symptom which may be classified as a "fear of betrayal." They feel that they are being watched; they are afraid of losing a slip of paper or of giving away anything in writing; in short, they have a "bad conscience." In this respect they resemble the paranoiacs with whom they also have numerous other features in common. But the bad conscience alone is no sufficient explanation for this fear of betrayal. Another very important factor must be added: the secret. They all have a secret which they are anxious to hide but which they nevertheless express in every one of their gestures and compulsive actions.

This may explain why so many compulsives keep their illness a secret. The compulsive always has the tendency and the wish to conceal his disorder. For this purpose, the compulsions are being rationalized. Thus, the woman who suffers from a washing compulsion will explain it as an essential measure, dictated

by the rules of hygiene; in the same way, the compulsive afflicted with a "housewife neurosis" will present her continuous dusting and cleaning, her permanent spring cleaning, as a necessity caused by the frightening dangers inherent in the accumulation of dust. Unless poverty or fear force the patient to admit them, obsessive ideas are usually concealed. Frequently, compulsions are covered up for many years until the decrease of the patient's working capacity or the danger of complete isolation force the patient to confess his illness to other people—unless he has previously consulted a physician.

The compulsive neurosis is charged with the affect of the secret which it covers up and in this way becomes a secret itself.

This is not surprising. For when we remove every layer around the compulsive system, we find the secret. That is to say, we *should* find it. In most cases, the patient will claim that he has recovered before he divulges the last secret. This explains the fact that even compulsives who have been cured retain some portion of their illness, a bridge which always permits them to retreat into their disease. This compulsive remnant is the secret.

It is interesting to note that people are unable to keep a secret. Popper-Lynkeus called this latent energy deriving from a knowledge which must not be passed on to anybody, the "fermenting power of the secret." A secret is indeed a dangerous psychic ferment. Sooner or later the fermentation causes the protective layers to burst open and the compulsions reveal what they are supposed to conceal.

A similar phenomenon may be observed in dreams. The resistance dreams of our patients have the tendency to cover up a certain experience or impulse. I have set up the rule: *A resistance dream reveals the very thing it wants to conceal.* The point of strongest resistance is the weakest point of the neurosis, the point which needs to be defended most strongly.

However, this involuntary confession is made in a language

which resembles a secret code to which only the patient has the key. Yet he acts *as if* he had lost the key, *as if* he could not understand his compulsions. *He behaves the way he expects his environment to behave.* It shall not, it must not, understand him. A woman who suffers from a washing compulsion, actually calls out to her environment: "I am dirty!" She assumes, however, that the environment is unable to understand this displacement from the mental to the physical sphere, and acts as if she were a member of her environment. One part-ego assumes an extra-territorial attitude. This is the part which we have thus far described as the conscious one.

Perhaps it would be more correct to call this part-ego the acting ego. It is typical of a secret that it always occupies one's mind; one must always think of it, one must always be afraid to give it away, to talk of it in one's sleep, to betray oneself by a slip of the tongue. So as not to have to think of the secret, the compulsive stages his "frog versus mice" war. He creates a struggle which keeps him busy continuously. Actually it is the struggle against the tendency to divulge the secret.

The compulsive misuses his bipolarity for the purpose of playing off one part-ego against the other, and of constantly creating for himself new affects in *statu nascendi*, which are intended to divert him from the secret. Actually, the secret is a compulsion ("You must not betray your knowledge under any circumstances"). Every compulsion causes a counter-compulsion, in the same way as every pressure causes counter-pressure. The compulsion to keep silent is in opposition to the compulsion to talk.

Compulsion and counter-compulsion also express themselves in the patient's relation to his physician. The physician wants to wrest the secret from the patient. He complements the patient's will to confess. The patient must fight his tendency to let the analyst in on his secret. Finally he has met a person

whom he may tell about it. It is even his duty to do so. (The basic rule of analysis: "You must tell everything that occurs to you.") The patient now has to struggle against the compulsion to confess. Yet exactly the fact that he is under the obligation to do so arouses his defiance. ("Just for that I won't tell you.") The patient displaces the struggle from the depth to the surface of the problems. He fights for his symptoms instead of fighting the cause of them. The entire analysis is a struggle for the depth. The physician wants to force the patient into the depth of his conflicts. But the patient always returns to the surface. This surface is the struggle between the two antagonistic tendencies.

I was never more acutely aware of this pseudo-struggle on the surface of the problems than in the case of the calves-fetishist which I have described in detail in *Sexual Aberrations*, Chapter IV ("The Hieroglyphs of the Fetishist").¹ Now we present only a brief recapitulation.

The twenty-nine-year-old chemist, Fritz K., imagined that two women wrestled with each other. He was obsessed by this idea all day and it was also the center of his masturbation fantasies. He suffered greatly from it. Then followed a detailed description of the two hostile women. He also stated their exact calf-measurements. I intuitively found the key to the figures. Then I continued:

We discover the remarkable fact that the numbers have nothing to do with the women's calves, that they express only the differences in age and weight between him and his brothers.

How did the patient react when I informed him of the solution? I described it in the following way: "The effect was astonishing. I never saw such an expression of surprise. He was

¹ I wish to ask my readers to study this case carefully. It is a preparation for the following. The English translation of Vol. VII appeared under the title, *Sexual Aberrations, the Phenomena of Fetishism in Relation to Sex*, Liveright, New York, 1930.

not pleasantly surprised but he stood there like a criminal caught in the act. He blushed, groped for words, and could not deny the fact."

I never saw the patient again after I had interpreted his obsession . . . Why, then, do these patients go to see a doctor at all and sometimes even attempt to force him to treat them? Do they expect him to tear the secret from them, or do they just want to triumph over him?

It seems that wish and fear hold each other in the balance. In any event, no one is as strongly inclined to exert pressure upon the physician and the environment as the compulsive.

I have had most unpleasant experiences with patients who wanted to force me to treat them. The wife of a colleague of mine suffered from a compulsion. She came to my office, told me of her complaints, and reported that she had pondered for six months before she had made up her mind to come to see me. Because of my already crowded schedule, I was unable to accept her as a patient. I recommended to her one of my associates and also suggested that in case she insisted that only I was to treat her, she should wait a few weeks.

"I can't do that. I have already waited so long. I have struggled for six months before I came to you—and now you show me the door . . ."

"I am not showing you the door. I am offering to help you as soon as I have the time. In the meantime, Dr. M. could treat you."

"I want only you to treat me. I cannot wait. If you don't accept me immediately, I shall have to take my life."

"You are asking the impossible. This is blackmail. At first you hesitate for six months before you come to see me, then you can't wait a few weeks."

The conversation dragged on. The woman fell to her knees; she grasped my hands, begged, cried, implored and threatened.

Finally, I was forced to leave the room. Other patients were waiting, but she refused to go outside. At last she left. (Perhaps I will be accused of cruelty. But where would I be if I gave in to blackmail? I actually did not have a single free hour for this patient.)

I was finally working with one of my other patients when I was informed that the lady had walked up to the third floor and had climbed onto the window sill with the intention of throwing herself down. She did this in such a theatrical manner that she attracted the attention of neighbors. I had to call her husband to come and take her away, all the while she was being held and guarded by two persons.

I had a similar experience in the following case:

Case No. 60. Mr. Daniel Marmelstein, twenty-nine years old, comes to me with a letter from Dr. Eulenberg. From infancy on he has been suffering from compulsion neurosis, which is growing worse although he has been to many doctors. Since a lengthy analysis has been attempted before, I decline to accept him as a patient. He keeps returning, however, writes innumerable letters and one day even threatens to commit suicide, for which he makes me responsible in case I refuse to treat him.

As I have said before, these attempts at blackmail by persons suffering from compulsion neurosis are not to be taken seriously. They must be checked at the start if the physician is not to become a slave of the patient. I point out to him that there are enough analysts in Vienna, so that he does not have to insist on my help. But patients of this type are always tempted by what they cannot have. He comes back again and again. Let us hear what he has to tell:

"The crisis started when I happened to make the acquaintance of an old Jew. In his presence I had my obsession, which is the idea that a fire could break out that would consume my sister, my father, my mother, all my family, the whole village, the whole country, the whole world. At the same time, I suffer from the fear

that I may be able to kill someone. For instance, I could go and kill the old Jew. If I think of a fire of 4 mm, I have to say: 'This does not matter, a fire of 4 mm is not dangerous to anybody.'

"If the fire grows to 5, 6, 7, 8, 9, even 10 mm, I am seized with a horrible fear. My parents, my sisters, the whole world might perish in the flames.

"The last four weeks were terrible. When I was with the old Jew, Mr. Moscheles, the fire was 1 cm. Now I have a horrible habit. I have to reduce the fire to 9, 8, 7, 6, 5, 4, 3 mm—then it becomes harmless.

"I have the compulsion to reduce the fire in the presence of the person with whom I have had the idea.² I run after Mr. Moscheles for a whole day. I reduce the fire to 8 mm, but that is all I can do. I am desperate. I wait in front of his house and go home when I see his light go out. I meet him in the morning when he leaves his house. Then I lose track of him. Finally, I find out that he has gone to Pressburg. I go to Pressburg, too, and find him eventually. I explain my presence with some pretext. All the time, I have to look at him to make sure that he is really the right person.

"After many ups and downs, I finally succeed in reducing the fire in his presence to 4 mm. At that moment I jump into a passing street car in order to hold fast to the result. I am, however, so exhausted that I cannot enjoy any feeling of relief. I had to go to some quiet resort to get hold of myself.

"But now it is starting all over again. You are the only one who can save me. I am poor, I cannot pay you anything, but do it for the love of God. Otherwise I shall perish or kill myself."

I promise to start the treatment next week, provided he writes down what he has just told me. I do not ask for any fee, and he leaves me overflowing with gratitude.

He comes two days after the date set by me and begins as follows:

² The patient wants to re-live something he has experienced before. The "reality coefficient" of this wish is probably zero. By the shifting onto another object a fictitious reality coefficient is obtained, which is used as an omen: "If you are going to see Moscheles again, the wish behind it will be fulfilled."

"I am twenty-nine years old. Even as a very little child I was full of imagination."

He pauses. The first resistance manifests itself. After five minutes:

"Should I continue?"

"Of course."

"At six years, I started fooling around sexually with girls and boys... At seven, I imagined communicating with ghosts and the Prophets. I thought myself a second Daniel or Prophet Elias. A glorious future was in store for me. I was spiteful and did not want to obey. I was capable of telling stories for five hours about some uncle of mine who was fabulously rich and who took me along with him to sexual orgies. I longed to see women and men in the nude. I was six then. I drilled holes in the walls of the toilet to watch my mother and the servant girls. An aunt of mine, who was twelve years old, permitted me to do things with her which were forbidden.

"I always had to count window panes, like Napoleon. If I reached eighteen, I was seized with horror; eighteen means disaster. Some catastrophe might befall my family. I had to continue to nineteen at least." (The significance of this number will be explained shortly.)

"At ten, I became very religious. I feared God would punish me if I kissed my aunt. Then I had to say a long prayer. Out of thirty-five verses, I chose eighteen. I was very impatient. When I failed at a question in Sunday School, I prayed to God to enlighten me. If I was the only one who could answer some difficult question I felt in communion with God. I was one of the chosen few.

"I was always filled with illusions of grandeur.

"Oh, I am so unhappy. Yesterday I met a man who I thought was Mr. X. (I always connect him with something evil concerning my family. I stare at him)."

"What do you want?" he asked me.

"Aren't you Mr. X?"

"No."

"I still think you are Mr. X."

"From this moment on I had to run after him. I ran until a streetcar came. I jumped into the car. Then I was able to get rid of my compulsion."

The first session was closed.

"I am suffering from loss of memory. I cannot read because the strangest thoughts keep on intruding. One follows the other, rapidly, it's like in a picture book.

"I am always thinking of the future, trying to foresee all the consequences. When I look at a pen-knife I am thinking that this knife is used to kill an animal or a person.

"I always want to be free and hate any obligation. Today I bought some safety pins. At once I had to make sure that I did not connect them with some harmful thought. Right away I imagined my parents to be in a fire of 5 mm, which only touched their fingers, so that it did not matter. Now the pins were safe against harmful thoughts, and I was safe. This I call a 'subdued obsession.'

"I always had, and still have, a terrible desire for vengeance. Not to be able to take vengeance is an intolerable thought for me.

"I always have to be the stronger one and to have the last word. If someone touches me, I have to touch him in turn at once. (Symbolic interpretation of any touch as a blow.) I have to touch him repeatedly, but not seven times."

"Why not seven times?"

"We Jews sit on the floor for seven days when mourning for someone who has died. I do not wish to think of the death of any member of my family.

"When passing a street-light yesterday I was afraid of harmful thoughts. I had to pass it four times. I would have preferred to pass it thirty-five times (thirty-five prayers). But under no circumstances twice. For two means father and mother. My father was married twice. Three means father and the two women. Four is a lucky number. Short (half) steps are dangerous. When I think of $\frac{1}{2}$ I think of half a person... disaster... murder.

"I enter a cellar. My first thought: 'You must not think that anything harmful might happen to my parents.' First I imagine a small fire: 4 mm. But it grows with uncanny speed. Now I rush out of the cellar like mad and take along the thought of my parents. I have saved them.

"For the love of God, Doctor. I know that all this is nonsense, but I am helpless. Where is my reason?"

"This is a question of emotions. The intellect is powerless if it comes to emotions."

Silence.

"I had an ejaculation last night."

"What did you dream when it happened?"

"I don't know. I forget all my dreams. My illness must be the consequence of masturbation and the many ejaculations. I have the feeling of having run dry. I masturbated a lot between fourteen and eighteen years. But only with fantasies. I never permitted the ejaculation to take place. I was very shy. I blushed when I looked at a girl. . . . I always had a strong inclination toward men. Homosexual drives. At fourteen I played with boys. At sixteen a friend 'masturbated' me. On this occasion I had the first ejaculation and the first orgasm. I then avoided him. I have not had any homosexual feelings for the last three years. . . ."

We, however, understand, that the homosexual urge drives him to run after men and to address them. But that he himself does not know, or does not want to know, and he rationalizes this urge through certain obsessions, which go back to childhood and whose analysis we shall undertake later on.

We have seen how, in our patient, criminal ideas come to the fore again and again. We shall also gradually find a connection between the individual cases. In the first session the patient told me that he had a pin pressed flat into the semblance of a bayonet by placing it on a rail and letting the train roll over it.

Today he starts as follows: "At 23 I was inducted into the army. A great change came over me. I said to myself, this is a change that will affect the rest of your life. For me it was a strange thing that I should carry a bayonet. I took care not to connect

my thought with the thought of my parents. I looked at houses and thought what would happen if they collapsed. I saw a grill and at once I had the thought: 'You must not think that this grill might pierce your parents' heads.'

"I could not pronounce the word 'half' for years, and it could not be pronounced in my presence. I always had to think of a head split in half..."

"On such an occasion, did you also think of your parents?"

"Please, doctor, don't say such a thing. This is a thought I am particularly afraid of.

"While I was in the army I never went home on furlough, in order to avoid such thoughts concerning my parents. At that time my father sent me to a sanitarium in Charlottenburg, where I was treated with cold water for four months. The doctor diagnosed: Degeneration, psychasthenia and compulsion neurosis. Then I was in Cracow for a year for treatment. Professor Piltz tried hypnosis. All in vain... There also was a year when I could not pass a bakery. I imagined the bread was a living person who was burned. At once the thought came, my parents might perish by burning. That was horrible. During a whole night I stood in front of a bakery, trying to reduce the fire and to make my thought harmless. To bake, cut, pierce, slaughter are ideas which I cannot bear to think of and must never be connected with the picture of my parents."

All of a sudden he starts shaking as if gripped by terror.

"I have not the courage to tell you one more thing that is on my mind."

Finally, after prolonged urging on my part: "I saw a pig which had been skinned. I had most terrible obsessions; I could not help thinking of my parents. I had to struggle for many days until I eventually found the saving formula: Only 4 cm, pardon me, 4 mm of the skin have been taken off the pig.³ At that time, I stood during a whole night in front of the butcher's shop until I was able to save myself. Such a shop was taboo to me from then on. I must not go near it, I must not think of it. Then the entire street

³ An unmistakable slip of the tongue.

becomes taboo, the neighboring streets which cross it, and eventually the entire town.

"Formerly also thoughts of my sisters were taboo. Now I permit myself such a thought once in a while, but thoughts concerning my parents are still sacred, as before. I venerate my father. Just the same, I get furious if he contradicts me or does anything I forbid him to do because of my compulsion ideas. At such moments I throw myself on him and I fear I could do him some harm. My father, however, is just as stubborn as I am. He explodes when I forbid it. You have to know, because of my sickness I am a veritable tyrant at home. The whole family has suffered on my account and they all have become very nervous.

"Once I touched my father. I added right away: 'Stop, so that I can get rid of my obsessions. I wanted to touch him ten more times, thereby reducing the fire. I asked him to stay put and let me touch him. He laughed at me and left the room. I got so furious that I broke everything in the room to pieces. I was a terribly stubborn child.

"I also tried to make money. I worked in a firm as a book-keeper. But my compulsion ideas made it impossible for me to do any work. I had to add up every column of figures over and over again. I had to return innumerable times to the store to make sure that I had locked the door properly. At that time I went to see Dr. Kampmann in Charlottenburg, who treated me according to the Dubois Method. I was told to recognize everything as nonsense. I was to criticize everything. I recognized and criticized for nine months...but it did not help me the least bit. Criticism has not affected my emotions.

"I was always dominated by emotions, never by reason. I always wanted to be an outstanding person. Now I am feeling inferior, while once I was suffering from illusions of grandeur.

"At fourteen I started to be assailed by thoughts which tormented me horribly. At that time I had sexual fantasies continuously, particularly of a homosexual nature. Up to my twentieth year I had, almost without any interval, a permanent erection. Then the ejaculations started to set in and I was left in peace. But my penis

is small and remained infantile. In erection it measures 10 cm, otherwise hardly 4 cm. At that time I had a continuous pain in my testicles. Now the erections happen very rarely. Sometimes there is an interval of three months.⁴

"I imagined that a man is allowed to perform the coitus only once. This one coitus I have saved. That is why I wanted to hold back the semen.

"I was unhappy when my friend 'masturbated' me and produced the first ejaculation. I had phantasies of revenge and wanted to kill him.

"I went to Vienna to consult a doctor. There a strange compulsion manifested itself: 'When I pay the doctor, I shall hold my friend responsible for the expense and entertain thoughts of revenge.'"

(This comfortable compulsion idea lead him to blackmail his doctors into treating him without charge. The pride in his sickness, the lack of the desire to work furnish, with regard to the cure, an unfavorable prognosis. As long as want does not force him to work he will never work. He is still being supported by his old father.)

"Since my childhood I practised self-deception. I could make myself believe anything I wanted, and the opposite. I coveted some object which was hard to obtain; soon I was able to believe that I did not want it.

"I was of a sour and greedy nature, even when very little. I was envious of my parents, especially of my father. I did not want to work for my father in order to have him acquire more money and power. I constructed a compulsion idea which prevented me from working for my father: 'If I work for my father, my envy will assume such proportions that I shall be filled with evil thoughts for my father.' For that reason I could not work any more.

"I wanted that my father should pay for my sickness. I have thought up everything possible to prevent sexual intercourse between my parents. I arranged it so that my sister would sleep in

⁴ A feeling of inferiority with regard to the genital may be frequently observed in such patients. (Small penis, small testicles, phimose, absence of pubic hair, bad odor etc.)

my parent's bedroom, in order to prevent my father from approaching my mother. I wanted to keep my mother pure. But I was also jealous of my father. When I went out with him he must not look at any woman. I wanted my parents to live chaste lives. I was always on guard against connecting my parents with impure thoughts. As to my aunt I permitted myself the liberty of entertaining sexual thoughts."

The patient keeps on being later and later for his appointments. He cannot remember a single dream. He repeatedly asks me if I will be able to cure him. His reports grow shorter and shorter and more and more illegible. At my request he was to write a thorough report on all his compulsive actions. From these reports I gather some details to supplement his statements. He had never had intercourse with a woman. He never let things go as far as the emission, he only permitted friction by hand until ejaculation resulted. Starting with his sixteenth year he reported frequent pollutions; but he is unable to remember the dreams that went with them. He thinks the dream contents might have been intercourse with a woman or some homosexual activity. He does not know for sure. For a while it seems as if he were able to catch the dream contents. Then something seems to whirl inside of his head, his head becomes heavy, a pressure and headaches appear—and the dream is gone....

He had a splendid memory, but he had no patience and was unable to concentrate. He did not want to go to school or to do his homework. He did not want to study, and his father and his teacher had to force him to do it. School seemed to be a prison, and he cursed his father and teacher who tried to coerce him with force and blows.

He was vengeful and often conjured up in his imagination the way in which he would punish his teacher. His favorite phantasy was to set the schoolhouse on fire, so that his tormentors would perish in the flames. When his fury was aroused he knew no limits and lost all control of himself.

He was striving only for power. In his fantasies he ruled his fellow men with an iron hand. He postponed everything. He would

study languages, he would study music, he would become a great man. He would wear marvelous clothes. He would improve his character and become a different person. When he was ten, he planned to become a different person at thirteen.

This setting of dates in the future and the postponement of any change is to be found in all compulsive neurotic patients. He said, "Even now I am in the habit of postponing everything I care for, to put off the fulfillment of any joyous event I am looking for."

"I struggled in vain against my pollutions. Neither serious work nor the attempt to give my thought a different direction were of any use. I hated any kind of work, and I was an idler from childhood. Since my childhood, I have been struggling with my sense of duty, which I consider my first compulsion. That is why I cannot take on any obligation. Even at eight, I had obsessive ideas and was subject to compulsions. But I must not tell anybody about them, because I am forbidden to talk about these things. In my opinion compulsions are only a consequence of fear."⁵

Asked about his sexual fantasies he refuses to answer for the time being. He is forbidden to talk about that. He even forbids himself to think about them. As far as the forbidden things in his prayers are concerned he only says that he leaves out those which contain words referring to slaughter, murder, blood, fire, etc.

He would prefer not to write at all, because there are characters which arouse evil associations. There are certain books he must not read, because when reading them he is assailed by evil thoughts.

The struggle between "voice" and "counter-voice" is a horrible experience. He calls it the struggle between his subjective and his objective ego. These two are fighting, and it is his tragic fate that he is constantly forced to something different from what he really wants to do.

Each choice is a struggle, because doubt creeps in as to what he should do; and unalterably the subjective ego succumbs to the objective ego.

He suffers from the fear of being betrayed. He implores me to

⁵ He wants to be cured only of his fear. The obsessions do not seem to bother him.

destroy this letter. Each page is marked: Confidential. Destroy at once.

He believes in certain oracles and omens which have to do with his lucky numbers.

Every analysis is a difficult task, the analysis of a compulsion neurotic is the *crux analytica*. And how difficult is an analysis in which the patient forbids himself to talk about certain things at the moment, about others later, about still others not at all. All attempts to convince the patient of the uselessness of such self-imposed laws are in vain. It is useless to lecture him on resistance, to explain to him that he invents these rules in order to hinder the course of the analysis...the patient will invent new ones or simply not divulge them.

In such cases it is the secret that the patient does not want to give away under any circumstances. These rules are the skirmishes of the advance units to reconnoitre the positions of the enemy and to gauge his strength. Much as I am interested in Daniel it begins to dawn on me that Daniel will keep on making a fool of "the only person who can cure him." He needs me in order to play before himself the comedy of wanting to be cured. I am the evil one, who will not or cannot cure him.

He comes at irregular intervals. He wants only to be freed from his fear.... It is very hard to get him to talk about his sickness.... He is forbidden to write about what has happened during the sessions. He may talk about many things, but he must not write them down. When it comes to talking, he postpones talking about the important things.

He has also the trick of many compulsion neurotics to make fun of the analysis. These damned prohibitions. I should free him from the "oaths" he has taken, then he would talk about everything.

Of course, it is impossible to release the patient of such oaths. I try it just the same. After prolonged urging he reports an important event from his past. At seventeen he fell in love with a girl, whom he still pretends to love. He decided to make his love known to her. But he postponed telling her until his eighteenth year, that is, until his birthday. At eighteen, there would be a big change in his

life. The birthday arrived. In order to be worthy of the girl, he fasted for a day. The old substance must leave the body, and a new substance has to enter it. Then doubts crept in if one day of fasting would be sufficient for the renewing of life. Besides, he was allowed to speak to the girl only if he did not entertain any evil thoughts about her. Since that was hardly possible, he postponed the decisive talk from one day to the other, until the girl became engaged to be married to another man. Since that humiliating experience he is boiling with thoughts of revenge, plans to kill her and her husband, to skin them, to burn them.

He is extremely superstitious; he takes everything for an omen. All objects which evoke the thought of fire are taboo. With any new object he has the idea that they will be old in three days.

I should like to draw attention to another typical event in the life of compulsives. They delude themselves into some great love, then they hesitate for a long time whether they should declare themselves. Thus they lose her to someone else, accuse her of infidelity and fickleness, and construe countless fantasies of retaliation.

This unfortunate incident is being definitely arranged. The stage must be set for the play "Unhappy Love."

Later, the patients exploit this event to ruminate the past (*manie de rumination*, Janet). Had I acted in a different way, had I done this instead of that, then. . . .

In this way, the patients act out something deeper, something out of their past, in an experience designed to cover it up.

Probably Daniel loves only his sister. His great love for his lost bride is but a pseudo-love. He can extinguish the fire only where he started it—most likely with his sister. But he carefully evades the subject of his sister.

He asks for permission to interrupt treatment for a week. He tells me that he has had unpleasant thoughts in connection with my person. I was now taboo and he must first suppress these thoughts before he can continue with the analysis.

I ask him what kind of thoughts these were. He cannot tell me. There are many things he cannot tell me. I suggest that his

sexual fantasies are somehow related to his sister. *He becomes excited and forbids me to pronounce his sister's name.*

I explain to him that only complete frankness can cure him, that he has little desire for recovery, and that I would have to discontinue the treatment unless he came regularly every day. He must not omit a single session. He refuses to promise this. I break off the analysis as hopeless. I knew Daniel would come again. He returns after a week and asks me to treat him. But he makes certain conditions. He wants to tell me what I am to say and how I am to handle him. I am not to mention his sister's name.

I refuse to agree to this and declare the treatment finished. I give up all hope of seeing him again. However, I did not reckon with Daniel's defiance. Every morning when I leave my house to go to the hospital, he stands before the door and begs me to treat him under his conditions. Forel had said I would help him; he was superstitious and convinced that only I could cure him. I *must* cure him.

At present, my time was completely wasted with him and I first wanted to break down his resistance. There were certain formulae which he would never tell me. I stipulated that he should first tell me about these formulas. This he would not and could not do. Thus, for a whole month, I met him every day at my door, whether I was coming or going. He paced up and down in front of my house, evidently with the intention of killing me. He had displaced the idea of murder from his father to me.

Then something stronger than Daniel interfered. He was inducted into the army, despite his illness. I received a letter from him every day for one more month, then I never heard from him again.

At that time I felt remorse because of my harshness and often wondered when thinking of Daniel, if I might not have been more successful with a little patience. But the experience of later years has convinced me that no amount of patience can overcome these prohibitions.

One of my assistants had to treat a compulsive woman.

Ostensibly, her illness had been precipitated when her mother exclaimed in her presence, "The Catholic church is a..." These words were the starting point and the center of the patient's compulsion. However, there was a strict prohibition to pronounce this word. Previously, the patient had been treated for six months by a Freudian analyst. The treatment was broken off as hopeless. Now my pupil had worked with infinite patience for nearly six months—with the result that the patient refused to give away the secret and that the analysis was discontinued.⁶

These processes must be well understood. It was not the word that mattered. It was a question of other secrets that were behind it. In Daniel's case we may suspect as these secrets the effects of his father's second marriage; we are faced with jealousy, incestuous ideas, and blasphemies which he does not pronounce; he takes refuge in the theoretical discussions about phobophobia. The sister whom one must not mention seems to me to be the most important factor. What has happened between him and his sister? He wants to get well but he does not want to divulge the secret. It is characteristic that Daniel has never reported a dream. He was prohibited to tell me about his dreams.

We shall now consider an important aspect in the psychology of compulsives. They all have a secret which they wish to conceal, either consciously or subconsciously. Often the first dream they report shows their attitude regarding analysis and the intention not to give away the secret.

A thirty-five-year-old woman was suffering from religious doubts and always wanted to solve the problem of the here-

⁶ The patient is being treated again. At the present time, her analysis has not been completed. In the meantime, the mother's words were clarified. The Polish word for "church" can be bowdlerized into "flatus." This secret conceals a far more important one which concerns the mother whose devaluation must not be admitted. Prognosis: hopeless.

after, of god and the devil. The following is her first dream in analysis:

"I was walking through many rooms. Each room is closed off by an iron door. When I touch the doors they open by themselves. I come to the last door. In a dark, armored room there is the picture of a saint. I walk up to it and bow three times. Then I hear a voice: 'You must never take anyone to this room. Can you swear to that?' 'I swear,' I called out loudly."

In this case, the most sacred thing was the secret which the patient did not want to tell me. She broke off treatment after a short time, before I was able to penetrate the lower levels of her psyche.

The secret is often tied up with a vow. We must realize what an important role vows, oaths, and curses play in the psychogenesis of compulsions. The vow, too, is a compulsion. ("A vow equals blackmail," I once said.) It is a compulsion not to talk about or not to do something. Sometimes these patients' compulsive attitude with regard to vows derives from a vow the patient was once forced to make.

Often the entire compulsion consists of a chain of vows and counter-vows, oaths, and false oaths.

The blackmail to which the patients were subjected avenges itself later in life. They become blackmailers themselves. They blackmail themselves, their environment, and even try to blackmail their physician, as Daniel who wanted to force me to treat him at any price, and who stood before my door every day and said: "You must treat me. Forel wrote to me that you are the only person who can help me."

The patients express their secret in their compulsive actions. Daniel fights a fire, i.e., his sexual fantasies. These inner struggles may be described as psychic masturbation, or, rather,

a struggle against a specific masturbation fantasy. His compulsions contain his errors, his fantasies, and also his secret.

When I questioned Daniel about his struggle against masturbation and wanted to know if he had made any vows not to masturbate, he replied with embarrassment that he must not talk about that. There was a prohibition . . .

Now, masturbation is generally the first secret that children keep from their parents. In the conflict between impulse and religion, they turn to God for help and bind themselves by a vow.

Frequently, this vow is sworn by the life of the father or the mother.

Since the vow must be broken, masturbation makes the child his father's murderer. He has committed perjury. This may explain the phenomenon that the majority of compulsives fear nothing more than the obligation to swear an oath, and for this reason they try to avoid law courts and other places where they might have to be sworn in. (Some of them fear they might swear a false oath.)

If the patient has committed himself to secrecy by a vow, the fear may easily arise that he might betray the secret, i.e., become a perjurer. The first part of the sentence—I betray the secret—is left out (neurotic ellipsis) and what remains is the seemingly unmotivated fear of perjury.

Case No. 61. The patient Gino, whom I described as *Case No. 7* on page 93 (chapter on doubt), was constantly troubled by the fear of swearing a false oath. In the course of his analysis, it happened that he was to be sworn in as a civil servant. In connection with this incident, he produced a large number of compulsions. His first dream in analysis could be understood only at the end of the treatment.

I had to take an examination in canonical law. The examiner was a scriptor in the Royal Library, I was very nervous. I thought it

would be impossible for me to pass the examination because it was so long since I had studied canonical law. Then I walked with my father along a road which was similar to the one near the Castle of N. It had just as many curves, but it was not quite so steep.

Many neurotics begin their analysis with a dream about an examination. They are afraid that the analyst might question them about their secret. Gino apologizes in advance that he will be unable to pass that examination. (He has not studied canonical law for such a long time.)

Gino had a terrible childhood experience which was connected with a false oath. He was under the care of a maid who was sexually quite uninhibited, who played with his penis, and also performed fellatio with him. It is well known how attached children become to just such irresponsible nursemaids. When such girls are discharged, it always constitutes a severe trauma for the child. Anna once took Gino along with her to a fortune teller. It was a terrible scene which impressed itself deeply upon the sensitive boy. The servant made Gino swear not to tell anyone about it at home. Gino broke his vow, perhaps out of jealousy. Anna had acquired a lover and neglected the child very much. Perhaps he also observed intercourse between them. Anyway, he staged a betrayal. He cried out of his sleep: "The black woman! The black woman!" His mother came and soon found out the whole truth.

The maid was discharged. Gino tried everything a child can to prevent it. He cried and implored his mother in vain to keep the maid.

The day before she was to leave, Anna was alone with the boy. He cried bitterly and said that he wanted to go with her and leave his parents. *She made him swear by the crucifix that he would always love and remain true to her. He must never love anyone else but her.* (The revenge of the discharged maid.) Gino swore this and even pronounced a curse after her. He made plans to poison the entire family so as to be able to remain together with Anna.

After this incident, it was a great shock to him whenever a maid was discharged. He was always afraid that the girl might take revenge and poison the family.

The patient was obsessed with the idea that he might transmit to other people a poison which accidentally happened to cling to his clothes (or his hands). In the analysis the presence of the idea of killing the father was clearly demonstrated, in the same way, as it can be seen in the dream. The road Gino dreams about is very steep and there is always the possibility of an accident.

Since I treated this patient fourteen years ago, I am able to present a catamnesis.

At first, the results of the treatment were very good. Gino was able to accept a position as a civil servant and fulfilled his duties to the satisfaction of his superiors. Occasionally he had slight relapses which could easily be cleared up in a single analytic session. The most stubborn symptom was his poison-complex which always re-appeared in new forms. Considering the fact that the leading psychiatrist of the patient's home-town had told Gino's mother that the prognosis was very poor (diagnosis: *dementia praecox*), this success cannot be overestimated.

Of course, we must realize one thing. It is only rarely possible to cure a compulsive completely. There will always be a remnant of his illness, a small remnant, which, however, isolates him from his environment. The pathological washing compulsion disappears. But there remains an abbreviated ritual. The fear of betrayal diminishes, but the cured patient still resents it when others go through his desk. He shows a certain orderliness or disorderliness, which has become his second nature. Even if analysis has prevented the patient from becoming completely isolated, a tendency toward asocial behavior remains, which makes relations with other people difficult for him. These patients are usually unable to establish friendships, and love nearly always constitutes a problem for them. There are rare exceptions where the compulsion disappears completely under the influence of a great love. Often we see the opposite. A compulsion which has been kept within the framework of the odd, or which has been eliminated, may suffer a relapse in marriage and lead to a destruction of the relationship.

Gino yearned for love. Before treatment, he was entirely incapable of loving. During the analysis he sought intercourse with

prostitutes. Sometimes he had normal intercourse with them; at other times, however, he employed a masochistic procedure as a transition to normal intercourse. He had himself beaten lightly several times on the buttocks, with a rod. (Memory of the punishment by the mother.) He was eager to have a regular love affair and he put an advertisement in a paper. He found several suitable girls, one of whom, Traviata, he liked especially. However, he arranged his meetings with her so unfortunately and acted so clumsily that he finally had to give her up. Afterwards he reproached himself severely for letting her go; he believed he had missed his chance for happiness; he dreamt only of Traviata, and all his fantasies centered around her. He construed for himself an unattainable ideal, which was lost to him forever.

This phase passed. Five years after the completion of his analysis, Gino surprised me one day with the announcement that he had started a love affair with a teacher of English. He told me that his potency was normal and that he had only normal intercourse. I was satisfied with this success and already believed that he was finally on safe ground. Nevertheless I knew that his inner morals would never permit him to have a love affair.

A few weeks later he came to me in a state of great excitement. Something terrible had happened: He was in bed with the teacher when he suddenly believed that he heard some noise and a voice in the next room. He was overcome by fear. He was afraid he had fallen into the hands of murderers. The imaginary lover of the teacher or her accomplice would attack and kill him. He began to tremble all over and ran away. He realized that he was fighting his own sadistic impulses which drove him to kill the teacher. He, too, began to love her and that was the critical moment for him. Had he not vowed to remain faithful to Anna and to love her always?

The episode with the English teacher passed and again he periodically sought gratification with prostitutes. He usually went to the same girl whom he had known for years. Four years went by. Gino advanced in his position, he was contented, went to parties, and even learned how to dance, which was an unexpected

success. One day he came to see me. He was radiantly happy, triumphant. He had fallen in love with a very intelligent, thirty-year-old girl, who also loved him. They were engaged and would get married shortly.

He was afraid only that he might be impotent in his marriage. It was easy to free him of this fear: he got married and was very potent, even surprisingly so.

He was 38 years old and had become accustomed to certain habits. The soap had to be in a certain place, his towel must not be moved, his desk must not be cleared, etc.

At first, his wife tolerated these peculiarities. Then she protested, ridiculed him, and tried to break him of his habits. She attempted to educate him. This aroused his opposition; he became restless and started to doubt whether it had not been better for him to remain single. He quarreled with his wife.

Then he had a relapse, accompanied by the continuous doubt: "Shall I get a divorce, or not?" After this period of doubting had lasted for six months, Gino's illness reached a degree of severity which I had never before observed. He went into a kind of delirium, lost his position, was confined to an institution, and obtained a divorce. Now he lives with his mother—enmeshed in his former obsessive ideas.

The illness was his secret. He had not said a word to his wife about his compulsion and the analysis. It was impossible to build a healthy partnership on that basis. In other instances I have observed better results. In any event, it must be realized that marriage is a risky experiment for compulsives. I have seen many severe cases where inexperienced physicians recommended marriage as a means of alleviating the illness. The results of these "rational" marriages were often deplorable. The compulsion came to its full development only in the course of the marriage. The women were unable to experience any sensation in intercourse, while the men were impotent to a larger or smaller degree.

I have already emphasized that there are exceptions. Nonetheless, the analyst bears a great responsibility. Girls often ask the analyst to keep their treatment a secret, when they are about to become engaged to be married.

I wish to report one such case because it had a different outcome than Gino's. I treated a girl, the daughter of a physician, for a fairly severe compulsive neurosis. She soon recovered and became engaged to a nice, young doctor. She was very happy and the future appeared rosy to her. But only a short time later she came to see me in desperate state of mind. She was unable to explain her fiancé's behavior. One day he was extremely affectionate; the next he was troubled by doubts as to whether he would be able to make her happy. (If he were sincere, he should leave her.) But a day or two later he regretted his words and came back to her. Thus it went on and on. I had a serious talk with the father of my former patient and suggested that as a physician it was his duty to inform his daughter's fiancé of her illness. Since the latter was a physician, too, he would certainly be able to understand her condition, all the more so, since he seemed to be suffering from the same disorder. The girl was also for telling her fiancé the truth, but her father was against it. He wanted to have the illness and the analysis treated as a professional secret.

A few days later, the girl came to my office with her fiancé. I should tell him the truth. She could not start her marriage with a lie. I explained to my colleague that his behavior had convinced me that he was suffering from a compulsion and that I believed he was worried over the problem whether he, as a sick man, had the right to marry a healthy girl. I informed him that she had been afflicted with the same illness as he and that she had recovered.

The young man was very pleasantly surprised. He embraced and kissed his fiancée in my presence. "Now I can marry you!

You have been ill, too, so you will be able to understand me!"

A great responsibility had been taken from him. He underwent an analysis lasting three months. Afterwards he married and, as far as I know, the marriage is very successful.

I could also report spontaneous recoveries (without analysis) after the patient had entered a marriage for love, but that would lead too far. Those patients who want to keep their illness a secret in marriage are in a complicated situation; they must always rationalize, which is not always easy. Women, especially, are in a difficult position. As long as the husband does not know that they are ill, he will regard their strange behavior as the consequence of poor upbringing; he will combat it, and often arouse his wife's defiance to such a degree that her love for him turns into hate. Because of the compulsives' labile bipolarity, this possibility must always be taken into consideration.

I wish to point out that there are actually two types of compulsives: those who conceal their compulsion (even unto death), who are reluctant to talk about it; and the others, who tell their family and everyone else about their symptoms, and even show a certain pride in their mysterious illness. This pride causes them to break their silence. How can one be proud of something about which no one knows anything?

Often compulsives start their analytic session with the following words: "I am sure you never heard anything like what I am going to tell you." Then they are deeply disappointed to learn that there are other patients like them. They claim that they are glad not to be the only ones. . . . But we already know how well they can act and won't let them fool us.

We know now that the compulsive hides a secret which he expresses in symbolic actions, but which he must never reveal since he is bound by a vow. We may divine this secret, but we will never be permitted to penetrate to the very depth, the

nucleus around which the system has crystallized. The longer analysis lasts, the more difficult becomes this task, the more effectively does the patient protect himself against the attacks of the analyst. *If the initial stages of analysis may be compared to a war of movement, the later stages may be likened to a static war.* The patient has dug for himself a bomb-proof shelter into which we cannot intrude.

In his famous paper on an infantile neurosis, Freud reported that *after three years of intensive analysis* he found the primal trauma. This trauma was the observance of intercourse between the parents. I doubt this. I believe that also in this case the patient did not divulge his secret. He accepted the interpretation which was proposed to him in order to conceal the actual truth. We are really not justified to speak of a compulsion to confess in connection with these patients. The phrase, *fear of confessing*, would be much more fitting.

When this fact is kept in mind, it will not be surprising that the analysis of compulsives becomes extremely difficult when it approaches completion. It is often possible for us to guess the secret, to come close to it. This is the critical moment, when the compulsive attempts to escape.

The secret may express itself in the symptom, i.e., it may symbolize itself as a secret in the symptom. A woman patient who already had been treated for six months by an experienced analyst for homosexuality, came to see me so as to achieve a final resolution of her neurosis. Her first dream showed me that she was a compulsive. She had many compulsive actions and rituals. *She had never mentioned them to her analyst.* Her outstanding compulsive symptom consisted in writing entire sentences from poems with her tongue on her palate, that is, on a spot where no one could *read* them. Moreover, she wrote these sentences in shorthand, i.e., in a secret code.

Frequently, these patients dream of a grave with a big

tombstone on it. This grave (in the same way as the locked room) symbolizes their secret. "I shall keep as silent as a grave."

Do these patients know about their secret? Yes and no. One part of them definitely knows everything, the other part diverts its attention by its display of affects, and creates new secrets for itself in order to forget the old one. Thus the original secret turns into a whole chain of secrets in the multitude of which it is supposed to disappear. The patients' repeatedly discussed systemization serves to surround a secret with new secrets.

The prognosis for this disease would be very poor if there were not—besides the secret—the need to express it symbolically. This may be described as the compulsion to confess. This psychic betrayal makes it possible for the analyst to come closer to the secret. In many cases we get to a secret which only covers up the more important one. We analysts must then employ a secret language which sets the complex in motion, without, however, touching directly upon the secret. An important analytic trick!

When these patients claim that they have said everything worth mentioning, they often add the request: "Please, ask me." They want to be asked about their secret, to deny the question, and to enjoy their triumph. They will never admit that one has discovered their deepest secret. They will not grant the analyst this triumph. But the physician can nevertheless recognize it when he has hit the mark.

This work is intended to demonstrate to the entire world the importance of analysis in the treatment of compulsions. It would be a mistake not to admit our failures. Unless we emphasized the difficulties involved in this type of analysis, beginners might be misled into promising recovery in cases where it is questionable. We must admit to ourselves that there cannot be only *one* technique. There can be only an individual technique

for each case. We must never forget the analysis of the total personality. Each personality assumes a different attitude with regard to its secret. One person is depressed by what elates the other. The basis of analysis is the understanding of the patient. Only with the aid of understanding can we recognize the secret and its meaning for the psychic structure of neuroses.

Chapter Sixteen

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NEUROTIC GOALS, LEITMOTIVES AND THE CENTRAL IDEA

*For he who plunged himself into a sea of
thoughts
Which, enervating, flow in a wild confusion,
Will never, never reach his goal.*

DANTE

IN THIS WORK, I have frequently had occasion to emphasize the importance of neurotic goals and *leitmotives*. It is to Alfred Adler's credit that he pointed out the presence of a final tendency in the structure of every neurosis. He was guided, of course, by Janet's theory of the *idée fixe* and by Wernicke's "overcharged idea."

If one were to regard the compulsive neurosis merely as a striving for power and recognition, with a secret tendency toward a future triumph, one would lay oneself open to the serious reproach of one-sidedness. For the neurotic goals and the *leitmotives* of a compulsive neurosis are manifold; they overlap, and may even be antagonistic to one another.

Nevertheless, it may be stated that every neurosis has a central idea around which the various *leitmotives* group them-

selves; they are in part positive and in part negative. It is the task of the analyst to recognize the central idea as early as possible. This constitutes an aim for the analyst; if he succeeds, he does not have to grope in the dark; he does not have to face the patient like a beggar, waiting for the benefit of his associations; he can interpret in time, and thus clarify the situation regardless of the patient's cooperation.

This is one of the technical features of the active method of psychoanalysis, which I inaugurated. It makes far greater demands upon the physician's knowledge of human nature than Freud's passive technique, which relies solely on associations. We may detect the central idea in the patient's family history, his first memories, his first dreams, and his symptoms. We will then note how all of the patient's symptomatic actions, dreams, and all manifestations of his resistance can be related to and looked upon as reactions to the central idea.

The *leitmotives* differ. They may derive from religion, the will to power, from sexuality, or the constellation of the family. The neurotic goals differ in the same way. They may be the expression of ambition, sexuality, or the constellation of the family.

Every human being strives to subordinate the various leitmotives and neurotic goals to the central idea, and to develop them into co-ordinated sources of energy. Those who are successful in this integrative process may be described as healthy individuals. They are harmonious in their thinking and their ambitions are clearly defined.

The compulsive tries in vain to solve his conflicts by pressing his *leitmotives* and his neurotic goals into a system. The conflict consists in the antinomy of his goals and motives. Finally, however, he succeeds in joining the resisting components to a parallelogram of forces and, thus, in finding a resultant balance

between the forces. Unfortunately, this resultant manifests itself mostly in inertia and passivity with regard to life.

Ambition requires uniform goals! Conflicting goals or activities aiming in various directions, lead ultimately to inactivity.

The compulsive is constantly in motion. He pretends activity ("spurious industry"). He has succeeded in reconciling the conflicting forces, but this reconciliation is ineffective where the realities of life are concerned. It covers up, but it does not protect.

Now we can understand why the compulsive must defend himself against the destruction of his system. He fears the open conflict. Which road should he take then? *Quo me vertam?*

He cannot master the conflict of his life. The pseudo-solution utilizes the annulment of time and of reality. When we destroy the system, he is again faced with his irresolvable life conflict, which leaves him no alternative except suicide.

The suicidal tendency which we have observed in all cases of compulsion, is proof for the patient's endopsychic recognition of the fact that his life conflict cannot be resolved. The compulsion is the psychic morphine which numbs the patient and which gives him the illusion of being in a dream world, where every problem can be solved. He may live again!

• If we consider, on the one hand, the guilt feelings of these patients, their need for punishment, and their criminality, and, on the other hand, their ambition, autism and defiance, we will realize that their *leitmotives* and goals run against each other. Ambition demands personal achievements; the sense of guilt forbids them. The conscious personality rebels against the laws of religion, education, culture and society; the sense of guilt forces the patient to abide by them. With all this, the central idea is retained in the daydreams, even if its "coefficient of reality" has been reduced to naught.

I present the following example in order to illustrate the

importance of the central idea. I have known for a long time that stammering is a compulsive symptom, which simultaneously expresses pleasure and punishment, feeling of inferiority and conceit.

An unemployed, twenty-six-year-old stammerer, who had been stuttering since he was five years old, reports in his first analytic session that he is an illegitimate child. He does not know his father's name. His mother never wanted to reveal it to him. One of his aunts knows about the secret of his origin, but she, too, refused to reveal it.

It was easy to recognize the patient's central idea: "I want to know my father's name. As long as you, mother, don't tell me, I will not be able to talk."

In his mind there is but one question he should like to ask; but he knows he will receive no answer to it. The question is, "What is my father's name?"

This central idea, which was recognized during the first analytic hour, proved very important for the interpretation of his dreams, fantasies and neurotic symptoms. He always dreamt of his unknown father whom he visits at his house or his castle. (This dream-father is, naturally, a very rich man.) The father either accepts him as his child, or he rejects him. The latter then arouses the patient's impulse for revenge. His entire thinking and feeling revolves around this central idea.

All his compulsions and affective reactions are symbols, monotonous variations on the theme of the overcharged idea and its consequences.

The neurotic goal usually includes the patient's "secret life plan." The life plan is either too ambitious and expansive, or too limited and constrained. That is why it is kept hidden. The psychic pendulum of ambition and sexuality swings beyond the normal amplitude in both directions.

The compulsive neurosis makes the patient a prisoner of his

life plan. In daydreams, its ultimate goal is anticipated; the guilt feelings prevent its actual achievement. The sexual goal and the *leitmotiv* of ambition conclude neurotic pacts, subterranean anastomoses. Ambition turns into pride in being ill; defiance makes the patient turn against himself; it fosters opposition for the sake of opposition. *The system itself becomes more important than the aim, or the cause for which it has been created. The play becomes life, and life becomes a play.* The struggle against God turns into a struggle for one's own godliness, the struggle against Satan, into a struggle for Satanism. The patient becomes more and more enmeshed in the network of his autistic thinking. The world of thought becomes a substitute for actual living. The *leitmotives* lose their original meaning and are merely employed as motives in the symphony of the compulsion.

They have become the symbols for the lost content of life, excuses before and accusations against oneself, permanent milestones of a journey within a circle: a journey which always returns to its starting point, while the patient believes he is going forward.

Compulsives are individuals who got lost in the labyrinth of life. They have broken the compass which was to guide them. It points only to the past. The sense for present and future has been lost. If we remove their scotomas they become aware of the complete bankruptcy of their ideals and hopes. Then the death instinct stirs, but then the moment has arrived when the opiate of daydreams submerges the present into a sea of fantasies.

Chapter Seventeen

*

THE FLIGHT FROM THE EGO

First doubt, then investigate, then discover.

BUCKLE

THE COMPULSIVE SUFFERS from his asocial properties which manifest themselves in obsessions and compulsive impulses. He regards his katagogic tendencies as foreign to his nature. He won't have anything to do with them. He recognizes the anagogic goals as the only principle which guides his ego. He refuses to recognize his katagogic goal. This also applies to the katagogic *leitmotives*. He rejects the katagogic motive as "ego-alien." The total ego takes its choice among the *leitmotives*: those which suit the ideal-ego are accepted as the genuine ego, while asocial, amoral, and unethical motives are condemned and rejected. At the most, the ego permits them to play the role of annoying parasites, which, at the first opportunity, would be removed from the ego-consciousness—if this were only possible.

The psychic balance of the individual is dependent upon his psychic center of gravity. The dissociation of the personality, which is the consequence of conflicting *leitmotives*, creates a

labile psychic balance. The center of gravity shifts from one part-ego to the other and thus causes the psychic vacillation, which we call doubt. The compulsion is a strenuous effort to create a psychic balance by a distortion and twisting of the original form. Compulsion is, therefore, an arrested motion of the psyche which seemingly provides stability for the center of gravity.

In order to achieve this displacement of the psychic balance, the compulsive has to employ all sorts of tricks, which we have described in detail in the previous volume of this work. The most important role among these unsuccessful attempts at stabilization is played by the "*estrangement of the katagoric part-ego.*"

For this purpose, an ego-alien object is required to which, either by way of identification or differentiation, the ego-alien complex is transferred. The second ego is then not regarded as such; it has become an object which has been placed in a certain relationship to the conscious ego.

This process can take place in either one of two ways. The patient may put himself in the place of another person. A rich man, suffering from a compulsion, identifies himself with the man who every day sweeps the streets. The patient shares his life with the street cleaner, he experiences his feelings, he participates in his humiliations, his deprivations, his small pleasures. This may go so far that the compulsive does not permit himself to enjoy a good meal at a restaurant, because the street cleaner can afford only a modest one. On the other hand, the street cleaner is under no obligation to maintain a high cultural standard. The compulsive is rewarded for this identification with the pleasure that he does not have to restrain himself in certain respects. He may swear, curse, or tell vulgar stories in public since it is the street cleaner who is talking, not the man of his social position.

In this way, he can escape the culture-ego, even if he does so by denying himself luxury and many conveniences. However, he enjoys making these sacrifices although he claims that he is troubled by this annoying compulsion, and threatens suicide, as all these patients do.

Suicide is the destruction of the total personality. This destruction is actually meant only for the troublesome ego-alien part of the personality. The formula is the following: "If you don't want to die alone, we will die together."

This aggressive tendency against the own part-ego is clearly illustrated in the dreams. Again and again the compulsive kills in his dreams the person with whom he identifies his katagoric ego. Thus the patient mentioned above frequently kills in his dreams the street cleaner in whom he sees his own reflection.

Another mechanism is far more prevalent. An object is found which complements the katagoric ego and the compulsive then tries in every possible way to differentiate himself from this object. It must be noted that the qualities of the object and those of the katagoric ego do not have to be the same. One *tertium comparationis* suffices to elevate this object to the rank of the "negative ruler" of the soul.

This rule over the psyche which is being set up here is a strange one, indeed. The object does not represent a positive example. It serves as a negation of the ego. "I have no free will. I must do the opposite of what my object does. My actions are determined by his, but in such a manner that I become his opposite."

This fact proves that the inner antinomy is handled in such a way that the antagonistic part is not the second ego but that it has become a real, outside object. We shall present a grotesque instance of such a differentiation from the object.

At this point I shall present only one example: A compulsive girl utilizes her neighbor for differentiation. This neighbor

goes to her office at eight o'clock every morning. The patient anxiously watches for her behind the curtain. What kind of dress will the neighbor wear? What mood will she be in? Has she taken an umbrella along? The object appears, the patient inspects her closely—thus, the order of the day is given. The neighbor wore a dark dress. The patient will wear a light one. It is raining. The object carries an umbrella. The patient decides to go out without an umbrella. Naturally, the period of inspection could only have been a brief one. There is sufficient opportunity left for the doubt to set in and to occupy the patient for the rest of the day with new questions and problems. But these questions do not come from the ego. They are directed at the object and reflect from the object onto the ego.

The mere fact that the patient has to select an object proves that he is fleeing from his ego. Why can't he settle his doubts by himself? Why can't he make up his own mind? He needs an oracle, an outsider, a higher authority, or an object of differentiation. We repeatedly described how dependent the patient is upon the object. He must think to the end his obsessive ideas with the object that aroused them; he must correct his compulsive actions wherever he failed in them; he has become the slave of the object to which he has related himself through his illness. In this way, the object again becomes a part of his ego, after he has tried unsuccessfully to project some of his complexes onto the object.

However, if we examine this process closely, we recognize that it is a matter of flight from the ego. There is no need for thinking, or for assuming responsibilities. Everything is determined by chance—by the object.

The object of differentiation must not necessarily be a member of the family. Although this is frequently the case, it is not the rule. Some detail which, however, must be charged with complexes, can provide the basis for this fixation on an object.

The inner compulsion is then replaced by an outside one. "I don't force myself to do a certain thing. 'He' forces me." But we can clearly see that this is a phenomenon of displacement, which permits depersonalization. The object is degraded or elevated to a branch of the ego. This depersonalization can go so far that the patient has the need to identify himself with, or to differentiate himself from, several objects. In that case, numerous objects serve the purpose of fleeing from the ego. The day passes with a series of depersonalizations. The ego is unable to achieve ego-consciousness because it continually moves to strange surroundings. In the pathologies, the depersonalization goes so far that the ego gets lost. The patient succeeds in the abstraction from the ego; he is no longer "I," he is someone else. The compulsive follows the same line of development and it depends only upon the degree of his ego-flight whether he is able to return to it, or whether he moves to another ego for good. In this way, however, an inner conflict is resolved. Once the compulsive has projected his counterpart onto the outside world, once he has magically invested another person with it, he no longer fights with himself, he fights with someone else, with a phantom.

The vacillation between reality and day dreams causes the patient to doubt even the reality of the processes of projection. The object becomes a phantom, the phantom becomes the object. Fiction and reality are merged into a psychic unity in which, eventually, doubt constitutes the only reality.... In his latest work, *Anxiety, Symptom, and Inhibition*, Freud noted the tendency of the compulsive to isolate himself. The pathological, alien part of the ego is isolated. The displacement onto an object is the best way to achieve isolation.

These processes, however, can take place only when thinking regresses to a primitive level. We must remember that in the

of himself in the third person, and that he attains consciousness of his ego only after overcoming the object-stage. We here encounter the phenomenon which Levy-Brühl described as "participation." He observes: "The nature of participation is thus that it erases every duality; that, unmindful of the principle of contradiction, the object is at the same time itself and the being in which it participates."

Differentiation is only a negative expression of identification. The flight from the ego is only an apparent one. The law of participation makes it possible for the object to become the subject.

It is interesting that the compulsive who strives for complete isolation, and who has an entirely asocial attitude, should express his social needs in this way. He cannot be without his environment. However, from the multitude of objects around him he selects only one or more to which he places himself in an imitative or contradictive relationship. With this object he can then act out his impulses of love and hate.

We will repeatedly encounter the fact that the compulsive has developed a distant love or a distant hate which he fits into his system. This, too, represents a flight from the ego and from the family, which is regarded as part of the ego.

With the aid of displacement and transference mechanisms, a certain quantity of affects is displaced onto the object. This permits the affects to be acted out.

In this way the conflict is objectivated. It is taken from actual life and is connected with certain experiences which led to an uncertain attitude regarding authority.

Basically, this conflict derives from a struggle with God and with Nature. The compulsive rebels against everything dictated by Nature. We shall present the case of a patient who struggles against defecation, miction, or eating. He refuses to submit to the laws of nature. Primarily, all these patients fight

the most powerful instinct—the sex instinct. The sex instinct is the expression of the life instinct. Suppression of the life instinct leads to an intensification of the death wish.

We have shown on hand of many examples that all compulsives have suicidal tendencies, and that their illness is the price they pay for remaining alive. At the same time, they are deeply afraid of death.

But they rebel against the natural law of dying. They do not want to die! They do not want to die when Nature calls them; they arrogantly want to determine the hour of their death themselves. They annul death.

Secretly, they believe in their immortality. The omnipotence of thought is the expression of their godliness, of their magic powers, which lend them immortality. The meaning of the death clause which we have so often mentioned, is this: "I can let all the other people die, but I will remain alive—I am immortal!"

A *leitmotiv* induces the patients to believe in their godliness. It manifests itself in their identification with Christ (Christ-neurosis). Their tribulations are the tests which the saints must pass in order to attain immortality.

Satan is also immortal. The compulsive is willing to pay for his immortality with the price of eternal bliss. He is prepared to betray God, if he can only escape death.

The flight from the ego is a flight from death. The human ego must die. The divine or the satanic ego can exist forever. The compulsive conceals these *leitmotives*. But they are clearly manifest in the psychotic diseases. The following analyses are arranged in such a way as to lead us through the heaven and the hell of the compulsives.

In his flight from the ego, the compulsive moves around in a circle since he always returns to his starting point. This circle encloses the multitude of his thoughts, the chaos of conflicting forces, which, in essence, represent a negation of strength.

Chapter Eighteen

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A BROTHER DISEASE

The hatred between brothers is as old as the world; Cain slays Abel.

GRODDECK

ANYONE WHO HAS MET many compulsion neurotics will have noticed that the genuine compulsion neurotics (not the psychotics, who often resemble compulsion neurotics) are frequently intelligent, gifted persons, even people of genius, whose progress in life has come to a standstill and who abuse their neuroses to give free rein to their shrewdness and to invent the most abstruse systems. The illness serves the purpose of excusing them before themselves. The dreams of the "great historic mission" find fulfillment in their neurotic fiction, the compulsion neurotic develops an increasing antagonism to his surroundings, until he eventually makes them responsible for his failure.

The hatred which originally was directed against one or several members of the family expands; it is projected against the state, the whole human race. The compulsion neurotic becomes an anarchist for whom no social and ethical obligations exist. The resistances of his illness which he could not surmount

within himself are objectivated; he dreams of revenge. He cannot accept these defeats and humiliations without thought of retaliation. He again wants to be the center of interest, make himself talked about—even at the price of a horrible crime.

Frequently these neurotics have an object which they use as a yardstick. Sometimes they try to measure up to it, more often however they want to distinguish themselves from it. In one of my earlier books I have told the story of a Dr. X., who had to be different from his fellow students in college. His illness started when he was thirteen. A fellow student, in whom he had been taking an interest for some time, stayed away for a few days. When he came back he was in mourning; his mother had died. X. now developed a compulsion neurosis, the urge to be different from this boy in every respect; otherwise his mother would die. When the other wore a light suit, he had to wear a dark one. X. became a doctor and lost sight of the fellow student. But the critical days, on which the other had been absent, became days of atonement, which he had to spend sleeping. He had figured out that it had been during a certain week in March (the Ides of March). Around this time, every year, he began to take drugs in sufficient quantities to put him to sleep for the entire period. I would like to add that Dr. X. refused to be analyzed and ended a suicide. I want to point out again that he wanted to forget something he could not forget, and therefore he took the sleeping powder.

Such a pathological urge to be different often occurs in brothers and sisters who are compulsion neurotics.

I had the good fortune to analyze thoroughly such a case in America. The late Dr. Mayers had been treating a compulsion neurotic for a month without making any headway. The patient had seen him originally seven years before, complaining that he was suffering from the compulsive idea to connect anything and everything with his brother, who was seven years his

senior. Mayers could cure him with a single word if he only wanted to do so. In spite of all his efforts, Mayers was unable to discover this word and suggested that the patient permit himself to be analyzed. After that the patient appeared every month, made inquiries about the conditions of the analysis, made appointments and never kept them.

The patient was obviously reluctant to be analyzed. In the meantime he had visited various other psychotherapists, and decided to have himself analyzed; but in every instance he escaped after a few weeks, using some rationalization or other.

He was convinced that only Freud could cure him. He studied German and used some of his mother's money in order to go to Vienna and to play the stock market, with varying luck. But even with Freud he could not stick it out longer than four weeks. He claimed that his funds were exhausted, which, however, turned out not to be the truth. He also came to see Alfred Adler and me. I happened at that time to be away on a trip and we did not meet. This shows that I was not unknown to him. When Dr. Mayers suggested that he be analyzed by me he agreed enthusiastically. I, however, remained doubtful. I knew from experience that this type of patient (the Ahasuerus of psychoanalysis) is not fit for the analysis.

He came to see me three times in order to talk over the fee and the hours. I showed myself very accommodating but displayed a certain indifference; otherwise, he would not have stayed. We finally agreed upon an appointment, which he kept, being ten minutes late with his habitual lack of punctuality.

Case No. 64. The patient, Mr. William B., a Russian living in the United States, gives the impression of an asthenic. He is very tall, thin, and stooping, his face is asymmetrical. He wears horn-rimmed glasses.

His behavior expresses his underlying distrust. He sizes me up

carefully, seems to notice everything, my movements, my interest, my efforts to understand his rapid English.

He then begins to talk about psychoanalysis in general, showing himself well informed, asks me how I like America, what I think of the American character. In short, he acts as if I were the patient and he the doctor.

I ask him to tell me about his illness.

"I have heard of your incredible intuition. So I don't have to tell you anything, you know everything anyway."

"At the moment I know only that you are sorry to have come here. (I know that we must never let the patient know that we are interested only in his illness and not in his person.) You may consider the analysis closed as of this very moment."

Now he becomes more amenable and relates that he is a student of philosophy and wanted to become a professor, but that his illness makes studying impossible.

After I ask him again to tell me about his illness he begins talking with hesitation and with an air of irony which is meant to express: "In spite of everything you won't be able to solve a case as complicated as mine." He confesses that he has been to another analyst in the meantime and that I am the tenth he has seen.

The origin of his compulsion neurosis goes back to his twelfth year. At that time he began to spoil everything for himself that might have afforded him enjoyment. His complaint is: "I am not allowed to do anything that gives me pleasure."

"I was an alert and gifted child, but I did not get anywhere in life. I was unable to learn anything worth while, because my compulsion ideas stood in my way.

"My ambition is boundless. As a boy I wanted to become a great general and conquer all of Japan and China. Also later on I have been dominated by similar ideas. They all belong in the realm of imagination. They are evidence of my limitless lust for power."

His older brother is a movie script writer. One of his pictures about a murder has been a big success. In the meantime, however, he has become poor. When he saw him last in New York he

was pushing a baby carriage. He is supposed to be married. With that, the old brother ideal collapsed.

The genesis of his first compulsion idea he attributes to a remark his brother made when the patient entered the university to study philosophy: "You owe it to me that you are able to go to the university." He, however, wants to owe everything to himself.

He describes his illness as an "originality neurosis."

What could psychoanalysis teach him that he did not know already? In his imagination he has been through every conceivable experience, and he has dreamed all kinds of things. In his dreams he has killed his brother; he has seen his brother having intercourse with his mother; there is no complex of whose existence he is not aware.

That means that he has immunized himself against the analysis. A phenomenon which we noticed frequently in this type of patient.

From the above, we see that 1) he wants to be a "self-made man" in every respect, and 2) the analysis will not disclose anything that is new. He declares that he is doubtful of its success.

He is late again (stressing the independence complex).

His first dream:

I am either a businessman in New York or I have killed a businessman. At any rate, I am an older man and have killed somebody. Two detectives come to arrest me. I ask them to wait one day more, but they take me away just the same. In Wall Street they finally agree to let me go free for another day. We have agreed to meet tomorrow at ten-thirty in the Stock Exchange building; I would give myself up then. Should the Exchange be closed, we would meet in front of the building.

The officers tell me that I am under suspicion of murder. First I want to confess, but then I reflect: "Don't be so stupid. They can't prove anything."

I go to the subway. I think: "I'll see that I get out in the country. The idiots think I'll let them observe me in the crowd without being seen themselves. In the country I'll notice at once if someone follows me."

For a moment I feel like fleeing. Where? Into the Stock Exchange building? I am not afraid at all and am in good spirits. The dominating emotion is the feeling of superiority with regard to the officers.

His second dream:

At the university, a woman physician from Vienna, a very intelligent person, gives a strange lecture on the sexual organs of Socrates' wife. For a moment I am surprised that a woman should speak about such a subject. Another lecture. After that a gramophone concert. Someone says, "Now the doctor (the woman physician) is going to sing Solveig's Song." She sings beautifully, and I like it very much. I have to think of a tissue made of purple glass. A young man, sitting next to me, irritates me by saying something in the middle of everything. Eventually I say, "Shut up, will you. It is impossible to hear the fine shadings if you make noise."

Waking up, he has an hallucination of the officers knocking on the door.

He realizes himself that this is a resistance dream. I am the detective who wants to arrest him. He demonstrates a clear escape reflex. His appointment was at ten-thirty. I call his attention to his wish to give up the analysis.

In the second dream, he is making fun of the analysis. I am a woman and lecture on Xanthippe's sex life. He thinks of Freud's *Childhood Recollections of Leonardo da Vinci*. Psychoanalysts write whole books about trifles.

Solveig's Song is his favorite. It points to his childhood. He is haunted by a recollection from childhood, just as Peer Gynt is haunted by the tune.

The dream says: "I am a murderer. I am guilty of a crime and I am afraid of being found out." The antithesis of the dream is expressed by "in the building" and "in front of the building." The Exchange is his secret. He escapes into the subway, his side consciousness, where many compulsion ideas (crowd) are to conceal his secret. In any case, he feels my superior.

The second dream has apparently no connection with the first. The depreciation continues. The gramophone (record) gives him

away. (A repeated performance—an allusion to the compulsion neurosis.) Notice the contrast between the older businessman and the young man who disturbs the recollection. His illness was first tied up with his older brother, now it is related to the younger. That is what disturbs him....His younger brother is also his other ego.

The *leitmotif* of the two dreams is persecution. In the first dream, he is hunted by the detectives, in the second, he is haunted by a tune. The Stock Exchange means "to play"; also, a gramophone is "playing." We cannot help noticing this double meaning. "Exchange" also has a double meaning and may signify the vagina. Did he play a forbidden game? Could he have decided to play with me, to tell lies and lead me on the wrong track?

Other parts of the dream cannot yet be explained. However, he offers several valuable associations. He was born in Russia. During the war he was interned by the Bolsheviks. He managed to escape under terrible danger, but was eventually caught and returned to the camp. The period that followed, despite two weeks of solitary confinement, was the happiest of his life. The other prisoners admired him as a hero.

His arrest in front of the Stock Exchange also has its special significance. He entertained the wish to make enough to be able to live on his income without doing any work. This he meant to achieve on the stock market. He speculated successfully with some money he had obtained by the sale of some family heirloom, so that he now had a lot of money. When he lost almost his entire fortune in a crash, he thought up bold plans to retrieve the money. He was going to commit a big robbery, or an ingenious swindle. He has no moral inhibitions. He was going to marry a rich girl in order to repay his mother. He has a sensuous temperament which attracts women. He was going to put that to good use. Now he feels as if he were a thief. He has stolen his family's money, he supports himself with stolen money.

He discovers now when he lost his obsession with his older brother. In a discussion, at which the whole family was present, his sisters (only at this point, after four days of analysis, do we

learn that he has three sisters) had made fun of the oldest brother. He had been advancing the theory that every form of hatred stems from one source: the hate against oneself. William asked him: "And why do the wicked hate the good?"

The brother admitted himself beaten. The patient had a clear feeling of superiority; his obsession with his brother collapsed. Could it be that he was cured? He remained sceptical, and with good reason. A short while later his younger brother displaced the older in the patient's affection. The patient took over the role of the father. He decided what this brother was or was not to do. When the housekeeper gave the brother some chocolate which the patient had forbidden, his authority was broken. At that time the obsession with his younger brother began. We see clearly the connection between his lust for power and the struggle for superiority within his family.

There are two ideas of which he is inordinately afraid:

1. That he might have a homosexual tendency and give himself to a man as if he were a woman;
2. That he could feel jealous.

He even broke off an affair with a girl because he did not want to suffer from jealousy. From this period he remembers a dream which, besides his jealousy, also reveals a strong sadistic element.

An important question: why did it take him four days to disclose the existence of his three sisters? Why did he speak of incestual sins during the first session without mentioning incestuous relations with one of his sisters?

We see that William needed a compulsion neurosis urgently. His obsession with his first brother collapsed. Now he could have triumphed and gotten rid of his neurosis. He could have taken up his studies again and reached his goal. The compulsive disease, however, proved a necessity, and he created another object for his obsession, the younger brother. He forbade something that could not be forbidden, and it is certain that he foresaw that the housekeeper, who was very fond of his brother, would ignore his orders. But he wanted to suffer a defeat in order to be able to link his

compulsion with a new object. Here the rivalry existing among the brothers played an important part.

In the dream referred to above he kills a man who has permitted himself liberties with his sweetheart. We see him following up the murder *motive* of his first dream. In this case a man who has committed a sexual offence is killed. This man is himself. He wants to kill something inside himself, his career. Is he punishing himself? Who is it he has killed? Whom does he want to murder?

He obviously expects me to question him about his sex life. For him the analysis consists in a continuous wallowing in sexuality.

He lists a large number of compulsions. He must not cross a threshold with the thought that his brother has a girl friend. He has the compulsion, when leaving his home, to go back and make sure that he has left nothing lying around that could give him away. Any thought connected with his brother spoils his enjoyment. (Psychological infection by the compulsion.)

In order to drive away the dangerous thought ("My brother is sleeping with my girlfriend") he recites any number of girls' names. These names, too, he links up with his brother: "You can have this girl or that, as long as you are not taking my girl away."

He has made himself immune against everything the analysis may unearth. His dreams contain incest with his mother, the killing of his brother, incest between brother and mother.¹ He wants to know only if there could be a single other case like his. If he knew, he would be cured.

This is in contrast to his longing for originality. He would be happy to learn that his is a typical case. (In reality, he wants to hear that it is unique. He takes pride in that.) He starts speaking about his sex life. His potency is normal. He used to masturbate, but has given it up.

We know now the word with which Dr. Mayers could have cured him. This is the answer he expected from the doctor: "You are not the only person who is obsessed with the thought of his brother. I have seen many such cases." Then he would have been cured at once.

¹ But again he does not mention incest with his sister.

What does this mean? He does not want to be the only one. However, his jealousy is evidence that he does want to be the only one. Or does he wish not to be the only one who has committed a certain crime?

We find in him an interesting variant of threshold symbolism. He is crossing a threshold by going back to his room (an act which in some instances he repeats several times).

A new dream reveals that he thinks his laziness justified. There are many famous people who did something worthwhile only when they were very old. So he has plenty of time.

He related that his uncle, in his youth, embezzled a sum of money and was sentenced to three years in prison. He later changed his name and became the rich and honored president of a bank in Mexico. Though the patient's father was the only one who had helped him in his trouble, the uncle failed to show gratitude. William, with great difficulty and at considerable expense, has secured some documents compromising him. He writes to his uncle asking him for a large amount of money, hinting at the papers in his possession. He also wants his uncle to get him a job as a bank messenger. Then he would escape with a big sum of money.

These plans must not be taken seriously. He acts the part of a reckless criminal in front of me, and perhaps before himself, but his inhibitions are too strong. The compulsion neurosis, after all, is nothing if it is not the reaction of the moral ego against asocial tendencies. The compulsion neurosis is the categorical imperative of contrition.

We can rest assured that he will be very careful never to do anything he might be sorry for later. Even the letter he wrote to his uncle eventually turns out to have been very mild. Incidentally, does this continuous harping on embezzling point to some mental embezzlement?

He begins to talk about masturbation. He started very early. In his school days he even boasted of it. When he told his older brother, the brother warned him of the consequences. He stopped at the age of twenty-two, but once in a while masturbates even now.

As a child he masturbated with the fantasy of having intercourse with his mother. Later he made the decision not to use the image of his mother any more. However, he had many incestuous dreams. Then came a period when he prayed not to have dreams about his mother.

It is typical of compulsion neurotics to think of themselves as being contemptuous of the law, morals, ethical concepts. But in their heart of hearts they are the opposite. They reflect the antitheses within the souls of civilized man in the shape of violent contrasts.

The patient admits suicide thoughts. He claims also that one of his dreams reveals homosexual tendencies. (I have not yet touched this subject.) We start discussing homosexuality as a mask for jealousy. Freud had advanced the theory that he was in love with his brother. This may be true, but he cannot understand what his jealousy has to do with that (mental scotoma). At any rate, his realization that his illness has to do with homosexuality is a sign of progress.

He is unable to leave me whenever I happen to be talking of his brother. I have to conclude the session by talking about something indifferent. He expects me to read his thoughts. This strengthens his conviction that I am on the right path. These thoughts evidently refer to the transference.

He has not made any payment yet. He puts it off each time under some pretext or other. He needs the fiction that I treat him for love, not for money.

Here I should like to point out that such patients follow certain rules as to beginning and concluding an action. Beginning and end are subject to a peculiar threshold symbolism. This symbolism is always to be found in connection with their suicide ideas. "How is it going to end?" That is the important question. On the other hand, their continuous brooding goes back to the beginning of life.

He reports the following dream:

I took a walk with my sister in the park. A young man I know kept walking behind us.

This man is of almost girlish bashfulness. It is clear that he is

someone who cannot become dangerous to his sister. The sister is his younger one, who had been his favorite for a long time. Now he says that he is indifferent to her. She had asked him to acquaint her with interesting young men, which he had not done. The young man in the dream is so harmless that he could not object to his sister's meeting him.

I call his attention to the curious fact that he almost never speaks of his sisters, while the other members of his family figure prominently in his conversation.

He now confesses that he used to masturbate with the fantasy of his sister. At present, he must not think of his girl friend when he masturbates, which is evidence that she is a sister image. His first recollection is that of playing with his older sister. They showed each other their genitals. He played an aggressive part, but did not permit her to touch him. The fear of playing a passive role has remained with him.

I suggest the following solution to his compulsion: "I am afraid my brother may have intercourse with my sister." That is why he lets him have his sister's girl friends. He smiles and says, "Perhaps."

In spite of his mother's wish that he enlighten his brother about the facts of sex, he cannot bring himself to discuss the subject with his brother. He evidently wants his brother to lose his innocence and contract an infection. Let him even go to a prostitute if necessary, if he will only leave the sister alone.

The patient confesses eventually that he included his mother and his three sisters in his masturbation fantasies. The family is his harem. He also loves his younger brother. His jealousy thus contains also a homosexual element. (The formula is: "If I were my sister, I would be unable to offer any resistance to my brother.")

"You cannot imagine how the thought of my brother is poisoning my life. There is no pleasure which he does not spoil for me. I have often had the idea of killing him to find peace. Have I told you that I suffer from the 'phenomenon of the reversed bad conscience'? Whenever I do a good deed I feel remorse. I have given away something of which I am depriving myself."

(I explain to him that he has made the Satanic principle his guiding idea, and that he feels unhappy whenever he does not act in accordance with it.)

"I was a good child and they always treated me badly. My brother was bad and he got what he wanted."

"That is why you have become the bad one. You asked yourself: 'What is the use of being good?' So you decided to become a scoundrel. But your conscience does not permit that, and your feeling of guilt imposes the punishment: It is spoiling your pleasure."

He starts talking once more about masturbation. He does not get any pleasure out of it because he has banned the fantasies which he had formerly used without compunction. (Fantasies with his sisters, his mother, sadistic fantasies.) With his girl friend he has no complete intercourse. He respects her virginity. While lying on her he imitates the movements of coitus and reaches orgasm. She would offer no resistance if he wished to possess her completely. (He rationalizes. He is going to marry her and wants to keep her pure until the wedding. But he is mistaken about his motives. He is treating her like a sister.)

Sometimes the patient expresses the hope of overcoming his illness through logical reasoning. He does not want to believe that his obsession with his brother only represents a small section of his neurosis.

We still do not know the death clause, which, in this case, is very deeply hidden. It might very well read: "If my brother had intercourse with my sister I would kill him."

In connection with a dream he declares suddenly that, as a matter of fact, he does not hate his brother, he loves him. If his brother, who is an exceptionally handsome boy, were never to grow older, he would be quite satisfied, and his compulsions would disappear.

William demonstrates the interesting phenomenon of "paradoxical reaction," which I have noticed in many compulsion neurotics. We have seen that, in his heart of hearts, he is good. He has reversed all his real values. He has had a dream in which a young girl put his head on her shoulder, stroked his hair and said,

full of compassion: "Poor boy." Here he is, with a beautiful girl, but nothing of a sexual nature happens. She pities him. This dream he considers as something sacred. So he has, after all, sacred words; he has a religion. His illness is the longing for an ideal. Did he not violate his ideal ego because he believes that Satan is stronger than God?

He dreams that he is to be operated on for appendicitis. So is his sister or girl friend (?). The doctor wants to send him to a Christian sanitarium. All of a sudden it occurs to him that the doctor is his enemy, and he decides against the operation. The doctor tells him that he has many intestines on his right side, but almost none on the left.

The operation symbolizes the analysis. He wishes me urgently to meet his girl friend (mask for homosexuality), while fearing at the same time she may come to see me. The dream is important because it stresses the contrast between Jews and Christians. A symbol of this contrast is circumcision. A castration complex is revealed.

Masturbation no longer gives him pleasure. All his incestuous, sadistic and homosexual fantasies have lost most of their effectiveness.

He cannot sleep. The reason is no doubt that he was originally dominated by the idea his brother could have intercourse with his sister. He shifts this fear to his girl friend. She is a governess in a family with two young boys. He is afraid her innocence is threatened. What makes him think that any boys so young may be dangerous to her? This fear can be based only on experiences of his own. In his youth he must have been a danger to his sisters. That is why he fears his younger brother might become dangerous to his youngest sister.

He asks me what became of his original aggressiveness. I explain that he has changed his aggressiveness into weakness.

"You are afraid of yourself."

He admits that. He is afraid he could kill someone if his fury were aroused. He is extremely satisfied with the explanation I have given him. He had found it himself, but he wanted to hear it

from me. Or did he, by any chance, give me some indication? He does not want to owe me any revelation.

The complex of owing something to someone is usually connected with the parents complex. What do I owe my father, what my mother? Do I owe my life to him or to someone else?

His father was a strict and violent person. He does not want to be like his father, and yet he does want to resemble him. His mother is good and mild. He feels that he identifies himself in his passivity with his mother. (The good father now becomes strict and violent.)

He advances the thought that masturbation must have physical consequences. I explain to him that the effects are of a psychological nature, and that his illness represents a struggle against masturbation. Originally his masturbation fantasies had been purely sadistic.

He is terribly afraid his brother might ask what he is really doing. But neither his brother nor any other member of the family asks the fateful question. They think he is a student and a scholar. They do not know the truth, the horrible truth that he is a lost man. He is proud that the family looks up to him. He is asked for advice, he gives advice, and hides his misery. If they knew how terribly sick he is. . . . He trembles at the thought that they might hear of the analysis.

There are two types of compulsion neurotic. One takes all the family into his confidence, turns into a tyrant, and forces them to perform compulsive acts. The other is secretive about his neurosis. William represents the second type. The illness is a secret . . . terror of terrors if a member of his family should learn of it. Consider the pathological pride he takes in the position he holds within the family. They must not know that his career is destroyed and that he is really doing nothing. He is the pride of the family, and he maintains with all his power the fiction that he is an important person. It is much more important for him to impress his mother and brothers and sisters than to achieve something in the world of reality.

This overvaluation of the little circle of the family takes its re-

venge. He does not want to owe anything to any member of his family.

The affect tied up with this particular obsession is so strong that we recognize it as a displacement. What is the secret that is objectivated by this desire not to owe anything? Is it possible that some one "owes" something to him—that is, some sickness or misfortune?

As an association to a dream he declares that he gets terribly angry whenever a woman makes fun of him. The same goes for men, whom he could murder in cold blood. He tells a terrible story of a man who killed a girl and afterward drank her blood. He himself is a sexual maniac and would like to drink a girl's blood. He needs his jealousy in order to justify his sadistic revenge fantasies.

His father was sullen, energetic, a domestic tyrant. He did not feel quite so ill before his father's death. Could there be any link between his illness and his father's death? His father suffered a hemorrhage. William ran for the doctor. By the time the doctor arrived it was too late. The father was dead. He accused himself of being guilty of having caused his father's death by not running fast enough for the doctor.²

I explain that these accusations are justified insofar as he had wished his father to die. He was very much attached to his mother. Whenever the father returned from one of his frequent trips the entire family trembled in fear of what he might do. How easy to have wished for his father's death. He also seems to believe in the omnipotence of his thoughts. He had wished his father to die, his father did die, thus he is the murderer of his father.

His father had never beaten him, but, on the other hand, had never shown any tenderness. I point out to him that he had loved his father and longed for tenderness from him. Because his father did not love him, he had hated him.

He says that his first compulsions had been in reference to death. The idea that he might die causes him unspeakable horror (fear of the Last Judgment). He has given considerable thought to invent-

² A typical experience of many compulsion neurotics.

ing a means of making man immortal. Even as a child he would have liked to have his tissues rejuvenated (in the manner of Steinach's method). We recognize a bipolar tendency: He wants his father to die, and he wants his father to live forever.

He confesses with hesitation that his father had another family in Mexico, where he used to go frequently. His mother has confirmed this. Perhaps he has brothers and sisters he does not know. Therefore there is a possibility that he might find a sister in a stranger.

He has this to say about his system: "I have not told you everything yet. It is not that I don't want to tell you. I simply can't remember. In my compulsions my brother is replaced by more indifferent persons. There is a fellow by the name of Bob, then there is Harold."

Bob is a queer person, apparently also a compulsion neurotic, and is to be identified with the patient. Harold is the first lover of William's first girl friend, with whom she had intercourse several times. We see how homosexual elements also creep into the picture. It is interesting that the patient forms new substitutional chains not only for sister or girl friend, but also for the brother.

William reports an example of compulsive brooding. His girl friend tells him that in her youth she once attacked her father with a pair of scissors and wounded him slightly above the eye. Since that time, she feels pain in her right hand whenever she happens to think of this incident. Her father was a handsome, strong man with a black beard. Today the patient was tortured for hours by the persistent idea that his brother was a grown man with a black beard, and that he was the father of his girl friend. How would he have acted?

The identification of his father with his brother is obvious. I am identified with the girl friend. How would the father have acted if the patient had attacked him? "The scissors in the eye" is a shifting from below to above, so that the compulsive brooding conceals a homosexual scene.

From this we can learn that neurotics with apparently only a single compulsion (in this case, the brother) hide their other com-

pulsions behind the monopolizing compulsion. The brother is the focus, as it were, in which all rays of the neurosis are being gathered or concentrated. William thinks in his own language, in the "brother language." Notice also the growing distance between compulsion and reality. The father of Kitty (the girl friend) is thirty years older than the patient's brother. There exists absolutely no relation between them. But just as the paranoiac construes a relation between the events of the outer world and himself (subjective ideas of reference) the neurotic searches for a relation between his object and himself (objective ideas of reference). In the case of the paranoiac, the connection is a direct one; the neurotic creates the connection by means of an object. The paranoiac would think: "How will Kitty's father treat me if he learns that I am having intercourse with her? He will beat me, for he is stronger than I am. He will pursue me." William's reflections are entirely different: He first imagines that his brother is Kitty's father and then asks himself: "What would my brother do if he knew that I have sexual relations with Kitty?"

This detour via the object of the obsession makes possible the objectivization of the conflict. We see how shrewdly William operates. It would be most unpleasant for him to meet Kitty's father. He shifts this conflict, which contains a high reality coefficient to his brother, so that the reality coefficient drops to almost zero. The objectivization serves the purpose of reducing the reality coefficient. The ideas of reference make use of the brother as their object. There is only one reference, and this leads over the brother. Through this monopolization of the conflicts by a single object, the entire neurosis is systemized and centralized. But the brother eventually becomes a mere symbol which may acquire any number of meanings.

One of many conflicts (in this case, the brother conflict) is singled out and endowed with such excessive affective content that all the others pale beside it. For this reason it is impossible to resolve the neurosis by solving the problem of that particular conflict. All the other conflicts hiding behind it have to be brought to light and resolved. This, naturally, meets with resistance on the part

of the patient, who uses this very conflict to conceal the others. William, too, would like best to speak only about his brother. He pushes this subject, which occupies the center of the neurosis, into the foreground, in order to leave the others unobserved outside his mental range of view.

I now want to prove that William's so-called criminal projects are only figments of the imagination, which serve the purpose of helping him to escape from the actual situation into a fictitious world of solace. His plan is to collect several letters of introduction and to go to San Paolo, a fast growing, rich city. There he will become a cashier and abscond with a large sum of money.

He has perfected this plan down to the smallest detail, he knows the shipping routes, the sailing time of all the boats. But what is he actually doing to prepare for the realization of his project? Is he taking lessons in bookkeeping? Has he bought a grammar in order to study Portuguese? How is he to obtain a job as cashier if all he knows is English, German, and a little Russian?

When I ask him how far he has advanced in his preparations for the crime he becomes evasive. It is easy to learn bookkeeping in a few weeks. You can learn a foreign language in a week by some new method. Thus he pushes all difficulties aside. The imagined crime is only a variation of his various compulsions. It will never be committed.

More dreams:

A boy has taken a vow to fast. Everybody advised him against it, but he went ahead just the same. Later, when he was older, he fasted a second time. Later he became Pope and died at 86.

I was in the English Army. There was a commanding officer who grinned...

I covered a cat with a hat.

Two boys attacked me and I struggled with them.

You go into the waiting room with me. You say: "This is a wonderful opportunity for the compulsion to sneak in, while you pass through the door." I found the compulsion formula in a dream. You gave me the idea. You are standing in the middle of the room and say: "Pronounce the formula clearly and loudly." I don't

know if I did pronounce it. As if pronouncing it loudly would bring back my health. I'll see then that there is nothing behind it.

Like in other neuroses we are confronted here with oaths and vows. In his youth he took a vow to renounce all enjoyment in life. This vow seems to have been repeated a second time. For this he is to be rewarded with a long life. He is afraid of death and cannot understand how anyone is able to kill himself. He has heard that compulsion neurotics never commit suicide (This statement has a certain justification. Though such patients constantly struggle with their suicide impulse I have never known one of them to kill himself). He becomes Pope, i.e., the father.

The last dream contains a profound truth. Whenever the patient is able to disclose his system without reserve and to repeat his formula before the analyst, they lose their value. It is as if something sacred had been desecrated. In the light of day they seem to fade and disappear. The latter part of the dream reveals clearly his wish to be cured. He'll tell everything.

These dreams give plastic expression to his disease. At the root of all his troubles is the vow to forego all pleasures of life and to be rewarded with a long life. This punitive tendency (the compensation should rather be considered a rationalization) we find in all cases of neurosis. Fasting, in this case, means continence. The second dream shows him in the army; there is a commanding officer who laughs at him. One of his most important motives is the fear of being ridiculed. The third dream contains the big secret which is never missing. The fourth dream reflects his struggle with himself. In the last dream he pronounces the redeeming formula.

It is important for us to know that the patient, whenever we ask him about his system or his formula, will suddenly lose his memory and be unable to enlighten us. This is evidence of the fact that compulsive acts take place in a state of trance, the recollection of which is lost.

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His resistance is growing. He does not know what to talk about. The pauses grow longer. I point out to him that he still has

not divulged his system and that he is withholding the particulars. Whereupon he offers a small, but important detail. It is imperative that he think a harmless thought when taking leave of his girl friend. He looks into her eyes. Then he turns round. At this moment the formula has to be mitigated. The girl and the brother have to be replaced with substitutes. (Harry has intercourse with Jeanne Watson). Only then is he permitted to leave. His arrival is equally important. The first moment and the last moment (this is his formula) are of special importance.

What is the meaning of the first and the last moment? Birth and Death? Why does he have to think of something indifferent?

We have met this threshold symbolism before. In all cases the compulsion has to be repressed and replaced with a milder formula. In this instance, Kitty must not be brought into connection with brother or sister; at the first moment he must not think of his sister.

The birth of his sister (the first moment) was a hard moment for him. His jealousy led to death wishes (the last moment). He must and cannot think of that. That, however, seems to be only one of many determinants.

Previously he has told me that he must not go to bed before five o'clock in the morning. He has to turn around many times. The window is like a mirror. He sees his brother's face in it.

It is an eerie face. He is seized by doubt. Is it his brother, or is it himself? Sometimes he has the same doubt during the day. He looks in the mirror and sees his brother or himself. Sometimes the head changes. He remembers a moving picture in which a son, who has grown rich, enters the restaurant where his father is a waiter. He pretends not to recognize his father. The father dies of grief. Now his father's face haunts him. He sees it everywhere. He marries. During the wedding the bride's face turns into his father's.

I am now certain that the patient's disease is related to the death of his father. At that time he felt remorse. In his father's last moment he must have thought: "It is better he dies."

"At what hour did your father die?"

"At three o'clock. I was wakened and was sent for the doctor. My father died between three and four."

"You see. You are annulling your father's death. You are living this night over and over again."

"That is possible. For sometimes I fall asleep by three. But never earlier."

"What you see in the window is your father's head. Then you feel doubt. It is not your brother. It is your father who is haunting you and does not let you sleep."

He begins the session by telling me that something very important occurred to him half an hour ago. Now he has forgotten. He is thinking and thinking what it could be. He brings other associations, but keeps returning to his "forgetting." On this occasion we learn that this is a typical procedure with him. Whenever he is not occupied with his formulas, he has to brood about something he has forgotten. Important matters are repressed or transferred, so that he has constant food for thought. His thoughts keep turning around such questions as: "What was I thinking of? What did I want to do today?" Whenever he wants to free himself from these ever recurring thoughts he is tormented by remorse. He feels that he has left something very important undone.

He begins to criticize his compulsions. Often they seem to him ridiculous and childish. In between he keeps ruminating over things he has forgotten. It occurs to him that Freud may have been right when he told him there was no particular connection between his disease and his sexuality.

We eventually approach the problem of time. He is not growing older, the passing of time leaves no trace on him. He measures time only with reference to his brother. He concludes the session with a wise observation: "Every person has to have someone to be for or against."

That is the case with him. Everything he is doing is directed against the brother. However, I am careful not to betray my thoughts, for the session must not conclude with the mention of his brother.

This ruminating about things he might have forgotten, the thinking over of the events of the day in order to check if everything has been going according to schedule, is characteristic of this type of neurotic. And so is the doubt that follows, as to whether he has done the checking correctly.

William is evidently oppressed with the thought of some past event which pursues him relentlessly. Is he aware of that? Or is he not conscious of it? What does this incessant revision of the past mean if not a switching over to a different mental track?

Early in his youth he showed an inclination for oracles and neurotic acts. He is standing on a high ladder: "If you don't jump down now, you shall never be the ruler of a great kingdom." (This had been one of his early ambitions.) Notice the difference. A trifling act, like jumping from a ladder, decides his entire future.

This exaggeration of the importance of trifles, which are invested with the mystical significance of an omen, leads to the underrating of important events.

Trifles are of decisive importance. That is why trivial things are being scanned suspiciously. Life is being dissolved into trifling acts, which, however, owing to the neurotic pact, assume a crucial significance in the eyes of the patient.

He asks me if I want him to be frank. "I have four fictions which would enable me to tell all my thoughts without restraint." I leave it to him to choose one of them. He breaks out into a flood of abuse. When asked which was the fiction he had chosen he explains: "First I was a young boy, then I chose the fiction of being my older brother, while you are the younger."

We can notice the affect-laden overvaluation of the difference in age. First he envies his older brother his talents and his success. Now he envies his younger brother his youth.

It is also interesting to observe that he loses his inhibitions and can talk frankly through the fiction of being older than I. Evidently he had been more sincere with Freud than with me. He lost all inhibitions and let loose a torrent of abuse.

Among all this, the phrase, "Kiss my a—," figured prominently.

We thus meet the anal complex, which is never missing in any compulsion neurosis. His father was an anal type and made free use of the words quoted above. As a child, William used to lean against a wall and defecate into his pants, which gave him great pleasure.

"When I am home with my family the compulsions are much stronger. If I have not masturbated the compulsions become stronger, though I feel better physically."

"Describe one of your visits with your family."

"It was very late. I arrived at about 9:30. I had been with my girl friend before. I was wondering if I should go in spite of the late hour. Then I decided to go."

"Did you have compulsions on the stairs?"

"Usually only in front of the door. I have to enter with the mitigated formula."

"You mean, you pause in front of the door for some time, changing the first formula from your sister to a girl friend of the sister."

"Exactly. That's the way I do it. Then I ring the bell. If it is my brother who opens the door I feel very uneasy. During the interval between the ringing of the bell and the opening of the door I reduce the formula. Finally someone comes, it is my mother. She asks: 'Why are you so late?' I give her some excuse. Then I get my supper."

"But you check first what your brother and your sisters are doing, don't you?"

"Yes, of course. My brother is doing his home work in the next room. I first suspected he might have a girl with him. Perhaps one of my mother's boarders, with whom he is having intercourse."

William says jokingly to his mother: "It seems Sasha is praying..."

"No, he is studying," says the mother.

The patient reacts by praising Sasha's zeal, and is sorry at once that he has said anything.

He would like to see his sisters. Two of them are already in bed, the third is reading. He leaves the apartment. In leaving he

has to pronounce the mitigated formula, placing one foot on the threshold. Since his mother is coming with him to the door, he cannot make the movements. For this emergency he has substitute movements. He extends one arm backward, tightens his facial muscles, and looks around. During all this he is afraid that the pathological nature of his actions may become apparent. ("I fear my brother has already noticed that something is wrong.")

He leaves. Now he is beset by doubt as to whether he has executed the compulsive acts correctly.

Whenever he is kissing his girl friend good-by, the thought of his brother interferes (with the complete formula). Therefore he has to give her a second, sometimes a third and fourth kiss. At the same time he only imagines the names, he never sees his brother's bodily image. He never has the actual picture of an act of intercourse before him.

Today, while at the club, he was plunged in somber thought. He is never going to be cured, because he must not accept the solutions offered by me. That would mean giving in to me. And one of his superstitious beliefs is that giving in (doing good) brings him ill luck (neurotic pact).

He is again talking about his fiancée. Do I know why he has not deflowered her? He is going away for two years. He cannot take her along. How can he be sure that she has remained faithful to him? Only if he finds her hymen intact.

He does not realize that he has concluded another pact: "If you want your sister to remain a virgin you must not deflower your fiancée." He says that he is no longer jealous of his sisters but that he was at an earlier period. "Perhaps I am still jealous. I don't know."

For fear of being jealous he has eliminated jealousy. His first fear was most probably that his sister might lose her virginity through some other man. He wanted to be the first. His entering the apartment represents the defloration of his sister.

Leaving means: taking leave forever, or withdrawing the penis from the vagina.

We have seen several examples of the struggle of compulsion neurotics with their ideas, in which the evil thought has to be mitigated gradually in order to be replaced with a more harmless one. Such a struggle would be ridiculous, of course, if those thoughts did not assume an exaggerated importance in the eyes of the patients themselves. If William, while crossing the threshold, has the idea that Sasha might have intercourse with Kitty, he has to mitigate the formula until he sees two neutral, indifferent persons in the coitus situation. He is involved in a struggle with himself. His foot has to be placed on the threshold. (He stands already with one foot in the grave, on the threshold of death.) The expressions used in greeting and leave-taking which vary with different countries and which are often rigidly adhered to, are evidence that there is an unconscious symbolism latent in the soul of man. (We enter life, we greet the light of day.) Such formulae serve the purpose of invalidating a curse. William does not realize this mystic significance of his formula, or he has not revealed it to us yet. He makes his confessions piecemeal, he reveals just enough to get cured, for Kitty's sake. Kitty is at present a substitute for everything: His family, his wasted life, his disappointments. Just the same, after having been with Kitty he has to hurry home and find out if anything of importance has happened. The development of this man's mind, which shows signs of genius, has been arrested at an infantile stage. His family is his world. The brother is now the representative of the family complex and means actually: mother, sister, and brothers.

Our suspicion that the brother has been placed in the foreground and invested with a strong affective content is now finally borne out. William would have us believe that the cure of his brother complex would mean his complete cure. (Freud could have cured him with one word. This has an entirely different meaning. Freud, as a father substitute, should have told him: "I forgive you all your sins. They are not sins at all. All this is human—all too human.") Now we recognize that he has an endless string of obsessions, among them the fear of syphilis. In all such cases we find a poison complex, the fear of terrible poison

which spreads unseen and leads to death. Syphilis means incest and homosexuality, as I have proved in *Sprache des Traumes*.

The constant reverting to the past, which actually is a remembering, does not seem to be missing in any of these cases. The compulsion, when resolved, would be revealed as an antithesis: "You must not remember a certain event of the past, or you will have to kill yourself."

He dreams that he, I and an assistant go to Dr. Freud's house in order to obtain something which he withholds from us or the whole world. It may be his scientific ideas. In Freud's apartment, he finds a waiter with whom he has a discussion about Freud's theories. The patient is contemptuous of them and says: "Do you really think that Freud's discoveries are so exceptional? Incest with a sister, incest with parents—such things impress only the intellectuals, to whom they appear colossal, tremendous. But among the common people these things happen every day."

In the meantime, the assistant and I come in and we open a box which, strangely enough, belongs to me. We are disappointed because it contains only some soap, a razor and other unimportant objects. Freud enters; he looks like a grey shadow. One of the people who are with him says, "Gentlemen, you are committing a robbery." Freud says on leaving, "In two minutes the house will no longer be standing."

All of a sudden, it is evening, the patient's mother and a maid are with him. The maid looks out of the window and says, "It's too late." The house blows up.

This dream throws light on the patient's relation to the analysis. I am his ally against Freud. Freud is holding back something which we want to obtain from him. Freud has the notes about his case, which the patient wants to take away from him. He also wants to get hold of my notes. He is afraid that his disease may become known. He belittles all of Freud's discoveries. Incest is no crime. It happens quite often among the common people. Crime is something relative.

William then opens the box which belongs to him (his case history). He disparages it also, just like Freud's discoveries. His

association is that his father used to keep his shaving things in the box. The patient has it still.

This box contains his secret.

At any rate, Freud has something that belongs to the patient, and the patient takes it back. Freud, the magician, also possesses the magic formula to destroy his disease (the house). We remember that he expected Freud to cure him with one word. (He destroys the house in two minutes.)

· We see distinctly the belittling of my own person. I have stolen ideas from Freud, I am a burglar, but I cannot help him (the patient). He does not want me to have success. The success has to be brought about by Freud.

The patient reveals his readiness to be cured. He wants to unburden himself and lose his feeling of guilt. What we have found in his soul are only unimportant things. He is incapable of a real crime.

The waiter, a well-known death symbol, refers to the omnipotence of his thoughts. His destructive instinct is beautifully portrayed. His crime? He has committed a robbery. He has opened a box (vagina). He wanted the whole house to blow up.

The dream seems to me an indication of good progress of the analysis. He wants his neurosis to be destroyed and to keep only parts of it.

This dream demonstrates the enormous tendency for the construction of huge mental edifices in such patients. The patients are usually people of genius, their creative urge is originally overpowering (William wrote poetry at the age of five). However, they are stopped in their tracks and fall victim to the instinct of destruction. This instinct then turns against their own ego. Why? Because of a crime they have committed. With this crime they have lost their good conscience and destroyed everything that would have made them great. The dream contains the phenomenon of forcible entry, the taking away, the forbidden intrusion (defloration?). We meet again the secret, which is the foundation on which the patient erects his system. The fear that I, or Freud, in short, the analysis, may wring from him the anxiously guarded

secret and reveal his crime, is clearly demonstrated. He would sooner let his entire family perish.

I am sure that William is aware of this secret. Before me he acts the part of the pure in heart. His formula: "One word from Freud could have cured me," is to be understood as an inversion: "If I had told Freud what is the root of my self-hatred, my self-contempt, my remorse and my torture, I would be cured today." He wants to know if my interpretations of his dreams are identical with his. He is wondering whether I have the right intuition. He knows more about analysis than most physicians and many analysts. He studies all the analytical books in order to protect himself against unforeseen attacks by the analyst. He regards the analysis as a kind of chess game, in which his health is the stake. His aim is to win and to triumph over the analyst.

Suddenly he confesses a particular fantasy. He wants to see me with naked feet. In addition he admits open homosexual fantasies, such as the vivid desire to see the analyst's genitals (ur-reaction).

He continues to show strong resistance. His dreams reveal the causes: Homosexual transference, regret over having taken an ill-considered step in telling me too much. We know that these patients are continually in doubt as to whether they have done the right thing, and that they have to correct their compulsive acts again and again (repetition impulse as correction of the past). William, too, wants to correct some event of the past.

He reports an event which demonstrates the unquenchable thirst for revenge so characteristic of compulsion neurotics. The analysis reaches an impasse. He denies homosexual transference and believes himself to have overcome it. Several sessions pass without the slightest progress.

One day I ask him point blank what happened in his eighteenth year. I am sure he must remember some experience with his sister.

He denies ever having been alone with his sister. The three sisters sleep in one room. It would have been noticed if he had gone to one of them. However, I do not relent. Eventually he remembers that once, on their way back from Atlantic City to Chicago, they stayed over night in Washington. He thinks that

they rented a room with only two beds for all of them for reasons of economy. Here the recollection breaks off.

He does not think that anything happened. Should anything ever have happened, which he doubts, it would have been during that night.

He speaks of Alfred Adler. He had gone to see him in Vienna and had been given a letter of introduction to one of his pupils. Dr. Adler had told him that he had a tyrannical nature. It may well be that Dr. Adler was right, and that compulsion neuroses have nothing to do with sexuality.

He talks about all this after we have cleared up almost entirely the experience with his sister, down to the date when the intercourse took place. It was in August; he even remembers the day, because it was his birthday. It was August 6th (8/6...see the dream about the eighty-six year old Pope).

He reports a dream in which *he sees a girl friend of his oldest sister lying in bed. The bed linen is black and red. She is the widow of a young man of about 18 years, who has been shot for a terrible crime.*

If we follow up the associations to this dream, we find our suspicion that William had intercourse with his sister confirmed, and that this intercourse is the crime he has committed. The defloration is the crime. The black and red linen is further evidence. He remembers an article by Freud in which he speaks of a woman, a neurotic who is under the compulsion to spill red ink on a napkin. Her husband had been unable to deflower her on the wedding night. He felt ashamed before the chamber maid and spilled a few drops of red ink on the sheet.

He remembers various instances which prove that his older sister was the object of his sexual desires. When he was ten, they spent the summer in Atlantic City. On the beach he once said: "Let me touch you down there, and I'll give you ten cents." The maid who was with them said: "She would be silly if she would give herself for 10 cents."

We work our way through heavy resistances. It is clear that he does not want to be cured. In his youth he was full of ideals.

At fifteen he changed into a realist. What brought this change about? He does not know. He remembers that at that time he tried to seduce the maid who had been in the family for many years (transference from the family to another member of the household). In his ignorance, however, he could not find the *introitus vaginae* (arranged clumsiness).

After this incident he sought the acquaintance of prostitutes. He had endless conversations with them, but never intercourse. The only women with whom he ever had intercourse were his first girl friend and a girl he once picked up in the street.

Toward his sisters he is shy and does not feel like a man. He again asks for explanations with regard to his compulsions. As a matter of fact, he considers them idiotic and would like to give up the whole thing.

He dreams:

I went to see my girl friend in her apartment. She tells me that a man raped her in the past. She was five or six at that time.

The patient does not want to cooperate in the interpretation of this dream. "I know what you are going to say. This dream points to some experience with my sister. With which of my sisters? The younger or the older? I can't remember anything."

I point out to him that it is he who gives this interpretation. I express my doubts that he should have absolutely no recollections of playing with his sisters. He remains silent. Finally, he says, "You may be right." At the end of the session he admits that he has not given me a truthful report of the scene with the maid. He had seduced a young girl who worked in their household. He does not know what became of her.

Another dream:

I bought a book in a drug store about mountaineering. A man who was standing near the entrance (exit) said to me, "About mountains..." That has to do with my mother. (He was an analyst.)

The neurosis now reveals its complete psychogenesis. In his youth, the patient had intercourse with one of his sisters. With which? He remembers only that he sneaked into the bed of the

oldest and played with her genitals. The recollection of this experience proves bothersome and follows him as a warning of his conscience and as a wish for repetition.

What is the connection between compulsion and the "originality neurosis"? "I owe that to my brother. My older brother must have been the first seducer." He produces recollections in which he climbs on top of his brother and makes movements similar to those in coitus. I ask him to pronounce the compulsion formula aloud. He shows violent resistance, but gives in eventually: "Sister—girl friend—brother are f . . . , sister—brother—girl friend—girl friend of the sister (and following substitute chains) are f . . ."

His relation to his sister is clear. He says that until two years ago, he was afraid his younger brother would have intercourse with his sister. This fear demonstrates that he is afraid his brother might do what he had done.

His recollection of what really happened is not clear. That is the reason for his doubt. He has transformed an actual experience into a fantasy.

In the first dream the truth finally comes out. The girl friend stands for a sister. All kinds of sexual events have taken place among the brothers and sisters, which explains the strong attachment existing among them. The second dream, however, tells us that he has forgotten all about his nocturnal excursions (mountaineering).

The question presents itself whether William has really forgotten the scenes which he now mentions. He says he never spoke about them because he had no recollection of them.

I assume that he did know about them and that the recollection of the "sins of his youth" killed his enjoyment of life. In the dream where Freud destroys the house he mentions a maid. We now understand her significance. She is the young girl he seduced. What became of her? Has she become a prostitute? (This is the theme of Tolstoi's "Resurrection.") Is that the reason why he seeks the company of prostitutes and asks them about their lives? William is a moralist, and, in spite of his affected atheism, a religious person.

The patient has a dream in which Alfred Adler plays a part. It reveals again his desire to believe that his disease has no connection with his experiences with his sister. That is what Adler had actually told him in Vienna.

He dreams: *In my parent's house I got into a fight with an unknown young man. I beat him up and threw him out of the house. He defended himself vigorously and spit in my face. He kicked me in the bend of the knee with his foot and wounded me. I thought we both should sue each other.*

Later on I am in a room which reminds me of my early childhood. Two workmen come in. One is tall and thin, the other short and heavy. My mother also enters the room. The short man looks at the thin one as if to say: "You see, this is a distinguished lady, not an ordinary woman."

The fight represents the struggle between the patient and his younger brother, and at the same time the struggle with his own ego. The wound is a deep gash, it looks like a vagina. This is again an allusion to the defloration of his sister. He remembers the important fact that he was put into his sister's bed when his younger brother was born. The house was in an uproar, and there was no one to take care of him. ("Something may have happened on that occasion, though I am not sure of it.")

He obviously wants to get rid of his brother complex. He fights with it and throws it out. Everything he throws out in his dreams is a symbolization of the ecphoria of intolerable ideas. He wants to free himself of his youth and the sins of his youth.

We finally discover that the younger brother stands for the younger sister, and the older brother for the older sister. He has a sister complex. He has, as a matter of fact, the sister disease. Viewed in this light, the struggle in the dream becomes a struggle with the sister, a crime which may lead to consequences in court.

The two workmen represent him and his brother. The dream points to his suspicion of not being his father's son. Is it possible that two brothers, so different from each other, could be the children of one father? However, his mother is a lady who has

never been unfaithful to her husband, she is not an ordinary woman.

William, however, draws different conclusions from this. Whenever his sister may marry, it is he who possessed her before her husband. He might even be the father of her child, and her husband would believe it to be his own. Could not something similar have happened to his mother? He doubts whether he is his father's son. He also wants to throw out this thought which had haunted him in his youth.

The analysis again comes to a standstill. He is on the defensive against our discoveries and would like best to see the origin of his disease in repressed homosexuality. The solution is so simple. He is in love with his brother. His is a transparent case which I want to make a complicated one. Between 13 and 15 years of age he showed a great, theoretical interest in homosexuality, which he lost later on. He rather likes handsome boys.

With regard to his sister he reports that, as a boy, he used to attack her with a pin, exclaiming: "I'll pin your box."

He also relates that he picked Kitty up in the street, and that after some resistance, she was quite willing to let him possess her. But now his erection was gone.

This failure is no doubt due to an inhibition anchored in his bad conscience. But what is the nature of this inhibition? It is the identification of Kitty with his sister. With Kitty he wants to atone for what he has done to his sister. Like other neurotic brothers he creates a junction between himself and his sister. (Would you like it if your sister went to a stranger's apartment to sleep with him?)

No. A pure, decent girl has to be married. This is why he makes Kitty his fiancée, visits her in her apartment, presents her to his parents, who view this union without favour, because William has no job and no income. His relations with his prospective parents-in-law are tense.

His compulsions are slackening. They are, however, in evidence when he opens or closes a door, when he greets and takes leave of his family.

A dream awakens in him again the recollection of the scene in the Washington hotel room in his eighteenth year. He has always disliked the number eighteen. He tries to remember what happened during that night. He thinks he knows distinctly that he masturbated with the thought of his sister lying next to him. But could he not have approached her in his sleep? Could it not have happened in the morning, after he had masturbated? (Impulsive act during sleep?)

He envies his brother who sleeps at home. William has rented a room and has not been sleeping in his parents' house for the past two years (self-protection against the incestuous impulse). Sasha is to be envied. He lives in his harem.

He is again busy with his plans to leave Chicago. At the same time, he realizes how hard it will be for him to leave his family. We understand now why he started the analysis at the last moment. His formula is: "I must not leave Chicago before the analysis is finished and I am cured." Now he is afraid that the analysis might cure him and he would be compelled to leave Chicago and his family.

I explain to him that he uses his disease as a pretext to make his departure impossible. I advise him to look for work and to try to make an honest living. To this he reacts in a peculiar way. "I might go to work, but never in an intellectual field. I'll go on a farm as a laborer." That means that he does not want to relinquish his fantasies. He is looking for some type of work which will permit him to go on daydreaming.

I advise him to be sincere with himself. Sincerity is the beginning of the cure. Then follows the realization of being a daydreamer. It is necessary to recognize one's daydreams as such and to overcome them. The simplest means to achieve the cure is by returning from the fictitious world to reality and by conquering the past.

William is acting now as if his family meant nothing to him. Since the compulsions have subsided, he becomes conscious of daydreaming. He spends the whole day thinking about his family, his brother, his mother, his sisters, his past.

He cannot leave his family. For this reason he creates a neu-

rotic pact between his departure and the cure. He is going to put his plan into action as soon as he is cured, which means that he does not want to be cured. I destroy this junction by announcing my imminent departure for Europe. I point out to him that he must not, under any circumstances, create a connection between his cure and his going away. We set a date on which the analysis must be finished. (The date is one week before my departure.)

After telling me what turned out to be his last dream during the analysis, he reveals that the compulsions have completely vanished. However, he does not feel any happier. On the contrary, he is aware of an emptiness that he has to fill in.

In connection with his last dream he brings the association that he once kissed a classmate in the park. He also remembers a girl whom he kissed there frequently. He often took walks with his brother in the park. When his brother was very young, he used to kiss him often. As a matter of fact, the brother is his child. On the occasion of the intercourse with his first mistress, he thought at the moment of orgasm, "You are begetting your brother." This meant he had intercourse with his mother. Only now he begins to appreciate the Oedipus complex in its true significance.

At last he offers the explanation for his fear of "owing anything to anybody." He reveals that his brother was also in Atlantic City and should originally have taken his sister back to Chicago. Feeling disinclined to do so, however, he had entrusted William with this chore. William was big enough, he had said, to protect the girl. This trip determined the course of William's life.

But what does such an experience mean, after all? I am still the same person. I am just William, we are friends, we are good companions. The struggle for domination is over, the question of who is stronger is no longer of importance; the analysis is virtually over.

After four months I received a letter in which he told me that he had gone to South America. However, having arrived on the scene of his embezzling fantasies, he realized that he would never be able to put them into action. He had become aware of his inner morality. Just the same, he is without a goal in life. Kitty now has a

job outside of Chicago. He thinks that his love has dwindled considerably. Both his sisters are engaged and will marry soon. His brother is getting along splendidly. The relation between them is good. On the whole, the compulsions have disappeared. Once in a while there is a relapse.

This is not the only case of brother disease I have had a chance to observe. I know of another case which was characterized by the fact that the patient had to differentiate himself from his brother in every conceivable way. When he appeared at my office I mentioned that I happened to know his brother. "In that case, I cannot come to you for treatment. My doctor must have nothing in common with my brother."

I have seen similar cases regarding a sister. They are more common than one would expect, but they do not always show symptoms as grotesque as those described above.

If we probe into the depths of the brother obsession, we can only stress again that it never stems from a single root but is always determined by various elements. One thing is certain: the disease is a consequence of a bad conscience. The brother is a younger edition of the patient's own ego. The formula: "My brother has intercourse with the girl friends of my sister, or with my sister," means in reality: "I did it—and I don't want to remember it. The recollection of my crime spoils my every joy. I have to punish myself and forego all pleasure."

This thought must be hidden behind others. In the polyphony of the thought process, it is being reduced to a minor voice, while a dominating voice is created which drowns out everything else—the saxophone of obsession.

Our case again offers a beautiful example of the transference and objectivization of an inner conflict. What he did or wanted to do himself he shifts to his younger brother.

The psychogenesis of his Satanism is to be explained as fol-

lows: He always wanted to be good. After his eighteenth year he thought he could never be good again, and so he created for himself a philosophy which made him meet all experiences with a paradoxical reaction. It is the philosophy which says that evil triumphs in life. He wanted to be the perfect scoundrel. For this he lacked the mental basis. He became a scoundrel in theory. He violated his true self and built up his disease.

Such violation occurs in the brother disease. Though the patient shares his brother's views, he is doing so only at the expense of violating his own ego. He thus enters into opposition to his true nature.

All mental diseases have their origin in the insincerity of the patient towards himself and his attempt to force himself to act against his true nature. This is especially true of the patient who plays the part of a criminal.

The compulsion neurotics also, who pose as strict moralists, are only acting a part, overcompensating the criminal within. William is the opposite type. He is a fanatical idealist, he is striving for the good, he wants to achieve great things in an honest way. Money means nothing to him, fame and glory everything, he is a scholar—and he wants to be a capitalist and an embezzler.

Thus his younger brother represents his original, his ideal ego, which he believes to have destroyed. But it is living on, it makes itself felt on every occasion, and it will be victorious in the end.

However, there are compulsion diseases in which the figure of the brother apparently remains in the background and dominates the scene of the disease without being seen, from behind the wings, as it were.

Such cases are the more complicated ones because the patients are blind to the brother complex. They are usually proud souls

who do not want to concede that their actions are determined and guided by an object.

Similar conditions may exist in the relations between female patients and their sisters. The sisters are the object of identification or differentiation, of which, however, the patients do not seem to be aware.

These phenomena again represent an "escape from the ego," though one undertaken with the help of inadequate tools. For the object, after all, is nothing but still another ego which serves the purpose of objectivizing the split in the patient's personality. We could also say that his own ego is being incorporated in the other, and that the desired physical union is replaced with a mental merging of the personalities.

In every single case we find evidence that the compulsion neurotic is fighting for his independence. He wants to be himself and still remains a stranger, because he becomes dependent on an object.

Chapter Nineteen

*

MANIE DE PERFECTION

By the objectivization of the guilt feeling, by the projection of guilt upon another individual, man endeavors to escape his own noose.

JULIUSBURGER

Case No. 65. Frank I., an engineer, aged forty-one, suffered from a compulsion to repeat and to check his actions. This affliction handicapped him very seriously in his professional undertakings, for he found himself checking and rechecking his drawings, blueprints, and calculations five or six times in a row. As soon as he commenced a job, he began to check, and as the job progressed he checked and rechecked the individual parts, and finally when the job was completed he had to check it over and over in its entirety. He concentrated very thoroughly on his checking, for otherwise a doubt would have impelled him to do the whole job over again.

After he finally did mail a drawing, he would be tortured by doubts as to whether he had not made some mistakes. The doubts continued until he became occupied with a new drawing. And then weeks or months after its completion, a job might again become the object of his check-up.

He had a systematic method. First a dot would be placed by the figure to be checked, then in going over the figures, this pre-

liminary mark was prolonged until it became a dash, then the dash received a vertical line so that the ultimate result was a regular checking sign (\checkmark). Next he took a blue pencil and repeated this drawing of a check sign in three installments. Using a sheet of onionskin or tissue paper he would trace the drawing. Once again he would make his checking signs, this time with India ink. His checking system kept him so busy that he had no time to "waste" on more normal occupations.

The following are some of the more significant details of his life story: He began to muse about death, wondering what it was when, at the age of six, he heard that the Austrian Crown Prince had been murdered.

During his schooldays he had an intense fear of teachers, some of whom dealt rather severely with the pupils. He often pretended to have headaches in order to be excused from classes. He feared examinations, feared the possibility of making mistakes or getting stuck while reciting, and he was afraid of strangers.

When he was five or six, a girl, one year his senior, persuaded him to touch her genitals. Thereafter they often played with each other's genitals.

He showed a strong mother fixation, and was rather cold to his father, who, though fulfilling all the boy's wishes, did not succeed in arousing his love, and was away from home much of the time. He frequently expressed defiance towards his father. He could never forget that his father once slapped him for disobeying.

The patient considered his parents in error because they had not permitted him to mix with boys of his age, and to have the normal boyish outlets. At ten he was sexually enlightened. When he was fifteen he found so much enjoyment in reading books, and devoted so much time to this pleasant phase of his life, that he neglected school and received bad marks. More and more his fear of examinations was becoming justified.

From early childhood he had been anxious to see the female sexual organs. And even while devoting much time to reading, his sex life was very active. He used a girl for the purpose of

masturbation by pressing her towards his genitals. His first intercourse was with a prostitute when he was eighteen.

He took a position as a clerk when his school days were over, and he thought his new activities were more satisfactory than the life of a student had been. A year's service in the army at the age of twenty-two was followed by a resumption of his work as a clerk.

At the age of twenty-seven he fell in love for the first time. 'At this time he had an employer who thought highly of him, and he was anxious to justify this confidence by doing very efficient work. One of his co-workers, an erratic fellow who made many mistakes, constantly received severe scoldings from the employer. The patient, deeply impressed by these scenes, wanted to avoid mistakes. Thus he gradually developed his desire for perfection. At first the checking mania did not cause serious inconvenience. But, from the time he was twenty-nine until he was thirty, the checking habit intensified so much that he wished he would die. He had now met the girl who was to become his wife after several years of courtship. He was drafted by the army for war service, and at the expiration of the war he returned to his old job and his checking compulsion, which was now so severe that in order to continue checking he refused to leave the office for dinner.

His wife was neurotic and frigid, but analysis cured her. She was used by the patient in his death clauses. He swore that he would set a definite limit, such as five or six, to the number of times he would check a particular thing, otherwise his wife would die. When his child was born the death clause also involved it. And when the baby died at the age of four months, he felt as though he had killed it.

A compulsion to rush was another of his symptoms. He always arranged his work in such a way that he would be forced to rush if he were to complete it "on schedule." He wanted to be finished on time; and yet the work was to be exact. By this device he staged a sort of mental steeplechase with death clauses as hazards. As he was unable to pass all the obstacles in a perfect fashion, he punished himself by sacrificing his leisure time and staying in the office after regular working hours.

His first dream revealed a strong bisexuality, the fact that he had forgotten something extremely important, and resistance. *He saw the analyst as a burglar who wanted to rob him of a precious object*, his neurosis. He was deeply distrustful of women, and he also distrusted his own mother.

He was quite productive insofar as dreams were concerned. The dream material proved very helpful in the study of his unconscious. Gradually it became clear that he was checking on his own daydreams. He checked everything and everybody. He felt like a supervisor of all things, of all people; and in some dreams it became evident that he thought he had an historical mission to make the world perfect. Again and again the doubt motive appeared in his dreams, especially the doubt in the faithfulness of women. He was also chronically mad at his mother, who lived in his home. He would not speak to her directly, but would have his wife relay communications to her.

In his refusal to speak to his mother, we see an example of the stubbornness so characteristic of compulsion neurotics. None of them forgive; they all harbor thoughts of revenge. For many years they may refuse to speak to their closest relatives.

The dreams of this patient gave indications as to a possible reason for his strained relationship towards his mother. In one dream he saw himself surprising her in the act of intercourse. Again and again the motive of surprising, peeping through keyholes, viewing intimate situations, appeared in his dreams.

For a considerable time the patient sabotaged the analysis by doubts as to whether he could be helped.

Throughout the analysis he fought the temptation to discontinue treatment. This desire to abandon treatment was revealed in dreams about leaving trains, going home, and so on. From time to time he was ready to quit, and had to be enlightened about these neurotic moods which were dictated by his resistance. Doubt proved to be a major handicap in all his undertakings. By the checking compulsion he was attempting to ascertain facts, to clarify things, to assure himself that "all was correct."

In his neurosis he was always anxious to do "the right thing,"

for his mother may have done "the wrong thing"; he wanted to right her wrongs. One of his compulsions was to walk in the exact center of a road, never to step aside, never to swerve from the right path.

Suicide ideas were very strong. His life instinct, however, remained dominant, and his checking on his suicide ideas was not the least important reason. He checked and rechecked his assets and liabilities while considering the advisability of following the death instinct—and he just couldn't make up his mind. Like the porter in one of his dreams who stopped a train because he was not paid for his services, the patient was still waiting for the final gratification life owed him as a premium for his suffering. In one dream, where the suicide idea is expressed in the picture of "leaving town," he was annoyed by the presence of a woman, whereupon he left the train and met another woman. This dream experience was like saying: "There is no use killing oneself because of women; one must simply get a new partner." The second woman in this dream was recognizable as a singer he had once known. It became more and more clear that she was the only woman he had ever loved. No, he did not want to die. He wanted to find her, the ideal of his youth, and to live happily ever after. Because of his prejudice against artists, he did not want to marry her. Artists were undependable, and he did not want to be betrayed as his father had been.

The cause of the patient's feeling of guilt was not clear in the beginning. In his dreams he saw himself at crossroads, anxious to find a guide. In one of his dreams, a boy (Jesus) led him to the right path. In another, he saw himself being crucified.

In some dream material various criminal ideas about his wife were discernible. And there were ideas revealing his pathological ambition. There were dreams in which the motive of the long and short penis appeared, revealing his feelings of sexual inferiority.

In one dream he saw Mr. N. and tried to make sure that it was he by pushing him toward a light in excitement (checking).

In the course of time the patient realized that his marriage was rather unhappy, that his relationship towards his mother was

tense and complex-laden, and that he was fighting homosexual tendencies. At this stage he stopped treatment, but in eight months he returned to continue the analysis.

It became clear that his compulsion to check represented a desire to shed light on a particular event. The motive of examining a person under a light appeared repeatedly in his dreams. *In one dream his supervisor was holding a drawing close to a light; in another dream he wanted to see the face of a lady, but could not recognize her because her hat was down over her forehead.*

It is quite probable that the patient had seen important events happening in the darkness, hence his desire to shed light upon persons and things.

His criminal impulses were very outspoken; they were associated with ideas of doubt, and thus it was evident that an important suspicion exposed him to the pressure of criminal ideas. This suspicion was concerned with his origin: "Am I the son of my father?" As a child he had observed intimate scenes in his parents' bedroom. And he must have suspected his mother of having relations with men other than his father, for in his dreams he frequently saw himself with a twin, in other dreams a child had two fathers, two children had the same name, and so on. He denied that he had ever seen his mother in the arms of a man other than her husband; but he recalled that once when he came home unexpectedly, he saw his mother slightly embarrassed, attired in negligee, and beside her, only partially clad, was a man who roomed in the house. They had opened the door only after he had knocked for a long while.

During his wedding night he slept in a room adjoining that of his mother. The walls were thin. He was thus forcing his mother to listen as he performed the sexual act, just as he once had been forced to observe her in an intimate situation with a man. It was as though he wanted his mother to check on his sexual relations, as he did on hers.

Analysis showed the following antitheses in his mind:

1. Past-present,
2. Right-wrong,

3. Old-young.

He also dreamed frequently of clergymen who showed indecent behaviour (the complex of "shattered authority").

He suspected his wife as much as he suspected his mother. He had a desire to overcome his past and to flee into a happy marriage such as the one his brother enjoyed. Unfortunately, however, by taking his mother into his marriage, he made it difficult to overcome his past. Hence he frequently wished his mother would die, so that he could free himself of his mother fixation. To kill his mother would be to overcome the past. This criminal complex was responsible for his persistent fear of ghosts. This fear came because in his fantasy, life and death were fused. The abundance of death wishes had obliterated the demarcation line between the two realms.

He had read many analytical books and knew the meaning of some symbols. He observed that his wife was suffering from a washing compulsion, and he was able to interpret her actions as a sign of guilty conscience. This conclusion was used to support his distrust.

The patient's desire to indulge in daydreams was partly responsible for his laziness. And, of course, being a compulsive neurotic, he had a basically antagonistic attitude toward the work compulsion. With the checking compulsion, he overcompensated the desire to be lazy, for checking kept him busy overtime. It created a pseudo diligence. Most of his work was unreal; he hardly met his obligations. His behavior was symbolic, as in other cases of compulsion neurosis. Drawing, to him, had the symbolic value of past pictures, of situations from his early life which he wanted to discern more clearly. Thus in his daydreams he was re-living his past. Certain ideas connected with the past were barred from his consciousness, so he experienced difficulties in concentrating on his drawings. His thoughts of the past were frequently interspersed by ideas concerning the present. While looking over his figures and checking them, he daydreamed of his wife's possible infidelity, and he was forced to repress criminal ideas directed against her. A repetition compulsion was the usual consequence.

In the course of analysis, the patient was able to recall the scene of a quarrel between his parents. Father reproached mother for her improper conduct. He was very much embarrassed when he recited this recollection. In his dreams he immediately began to whitewash his mother's reputation. He dreamed of destroying old photo plates. Antithesis between "pure and filthy" appeared in the dreams.

In one dream, *a clergyman gave him a camera*. This man, whom he associated with a catechist who had taught in his school, was a known homosexual who spanked boys and experienced an orgasm while performing this act. The children noticed the erection and the orgasm as well. In the dream he symbolized depreciated holiness, a reference to the patient's mother. The camera which appeared in one of the dreams mentioned above, and various other instruments which he saw in his dreams, were associated with his masturbation fantasy and represented the watching of a sexual act.

In fantasy, the singer whom he had loved unhappily fused with the sister-in-law who represented the sexual link between him and his brother.

Checking received another explanation during further analysis. It meant intercourse with a tabooed object. The brother's wife once boasted to the patient's wife of her husband's potency. The patient had inferiority feelings, was jealous and hated his brother for his sexual efficiency. When he visited a prostitute on the eve of his brother's wedding, he was not successful. He also confessed that once, for the purpose of masturbation, he used a condom which he found in his brother's night table.

The analysis progressed under difficulties. The resistance was based upon the patient's desire to keep to himself some of the important traumatic experiences, and the fact that homosexual tendencies became more visible during transference. The root of his homosexual tendencies was found in his relationship towards his brother. Analysis revealed that in his youth he had made an attempt to have intercourse with the girl who later became his brother's wife. The patient's compulsion neurosis broke out shortly after his brother married. And on the day of his brother's wedding,

the patient went to a house of prostitution for the first time in his life. He loved his brother deeply and whenever he was in the same house he shared his bed. The brother had a wife with whom he could have slept, if lack of sleeping space required that two be in the same bed, so there was no logical reason for the patient to sleep with the brother. In childhood he had masturbated while lying on a red carpet on which he knew his brother also masturbated. Later in life they frequently exchanged sexual partners.

Further analysis revealed beyond doubt that the drawings had the symbolic value of recollections. After strong resistance the patient was able to recall that his mother had frequently punished him by tying him with belts and hitting him with a cane. Intense hatred and revenge reactions were released by this recollection. Motives of revenge, and various criminal ideas, found expression in dreams.

His brother had a much larger penis than he, hence the patient could not be the son of the same father. He could not forget that his brother had married a passionate woman while his own wife was frigid.

He had a remarkable memory for injustices he had suffered. Years and years after his father had slapped him, he remembered the act so vividly that he still felt he could kill him. He never forgave his brother for once having abandoned him in a street fight. As he discussed these matters the patient's criminal tendencies became increasingly conscious. Jealousy and homosexuality appeared to be the most important propelling forces in these tendencies. He admitted that crime had always fascinated him.

He had one great love, a singer, and lacked the strength to carry it to a successful union. The other love was for his brother's wife, a sexual object of his youth; she, too, was lost to him since she had married his brother. He tried to establish a lasting love relationship with his wife, but her frigidity rendered his effort fruitless. He compared his fate with that of his father, who had also married a frigid woman. Unsatisfied sexual desires played a very large role in his daydreams. His brother's happy marriage, his own lack of professional success, the presence of his mother in his home, all these things fostered his neurosis, his homosexuality,

and contributed to the development of depressions. At this stage of his life he began to rebel against fate. He wanted to change conditions by force, that is, by crime. The flaring up of criminal tendencies provoked strong guilt reactions.

Analysis was greatly supported by the active interpretation of the patient's dreams. He admitted the findings only hesitantly: his desire for perfection, his complex of the "dissolute mother," his homosexual fixation towards his brother, the consequent criminal tendencies, and so on.

He tried to solve his emotional problems by "objectivizing" them, by solving them in effigy, using blueprints and drawings. The daydreams conflicted with his professional work. Instead of being permitted to indulge to the fullest extent in his treasured daydreams, he had to draw uninteresting objects and lines. The affects involved caused his attention to become split. The compulsion to do real work became a compulsion to do pseudo-work (checking and re-checking) wherein his daydreams could find symbolic expression. He was able to maintain the appearance of working while at the same time his mind was swamped by daydreams. The lack of concentration on his real work caused him to doubt the efficiency of his checking, and contributed to the formation of a repetition compulsion. The doubt, "Did I check correctly?" corresponded to the inner doubt, "Did I come closer to the solution of my conflict?" And, of course, his conflict could not be solved in this way.

His disappointment in love contributed to the generalization of his illness.

Chapter Twenty

*

ANALYSIS OF AN OBSESSIONAL NEUROSIS

The right hand does not know what the left hand is doing; the left hand—what the right hand is doing. The surest thing is—they are both doing nothing.

NESTROY

Case No. 66. For several years, Charles F., a twenty-eight year old employee in a department store, suffered from a peculiar obsessional neurosis. He was the victim of innumerable orders and prohibitions which came from his neurotic ego. When he would wish to depart from a café, he would be restrained by an order which would direct him to remain there another fifteen minutes, "otherwise something terrible would happen." At the expiration of the fifteen minute period, the same order would again be received. In fact, the same order would intervene so consistently that he was often forced to remain in the café for two or more hours. And, when eventually he did succeed in leaving the place, he would be tortured by doubts as to whether he had obeyed the orders perfectly. If he decided that he had not responded to the orders in perfect fashion, he would punish himself in some such way as to deny himself the right to enter the café for fourteen

days, and he would enforce this decision by telling himself that something terrible would happen if he should venture to break it.

These obsessions leading to perpetual postponement interfered with his work in the department store. If he refused to heed his orders the lives of his co-workers appeared to be endangered. The least important decision caused trouble as his obsessions appeared immediately and brought confusion, postponement, or complete cancellation of the intended act. If no decision had to be taken the obsessions, nevertheless, appeared and forced him to carry out nonsensical acts to prevent the "something terrible" from happening. Again and again he applied self-punishment. At times he was forced to repeat actions in the exact manner in which he originally performed them, to walk back to the exact point in the street where the thought of a possible misfortune had first occurred to him, and sometimes, because of the threat of a catastrophe, he could not bring himself to hand an article to a customer or even to display the article.

While he served the customers a host of obsessions tormented him. An order would compel him to walk on the left side of the customer, and sometimes he would get the order to walk on the right side. Then, too, there were orders barring him from allowing the customers to see some of the wares. If he violated one of these orders, the customer, or the patient's mother, brother, uncle, friends, shipping clerks in the store, and so on, would die.

As atonement for transgressions he denied himself the right to eat certain foods. For example, he "was not allowed" to eat the sandwich which his mother gave him to take to work. From time to time he prohibited himself from cutting his nails, going to a barber, attending movies, reading books, visiting prostitutes, wearing good suits, going to the coffee house, smoking, or doing anything connected with enjoyment. Months would pass during which he did nothing that was unconnected with his work and his journey to and from the job.

But even the walk between home and store was a complicated procedure. He allowed himself to step only on certain lines of the sidewalk, and he had to touch lamp posts, pass other pedestrians

on either the left or right side, the particular side determined by the order which appeared at the moment.

In conversation he was compelled to begin and to end sentences with certain words, "otherwise something would happen" to the person to whom he was speaking.

As he was a doubter, nothing he wrote, particularly nothing to which his signature was attached, could leave his hand freely. He had to check repeatedly on every piece of paper, even though it were a trolley car transfer, a money bill, a newspaper, to be absolutely certain that he was not giving away written messages that might be harmful to himself or others. Of course, he could not hand out receipts—his signature might be used for purposes of forging important papers. Whenever he arose from a sitting position he had to submit the chair and the floor beneath it to a strict review in order to be certain that no piece of paper, no compromising evidence was left there.

His checking compulsion was complicated by drastic measures which he had to introduce in order to bring a halt to what otherwise would have been an endless repetition of doubts and actions. He resorted to oaths as a way of limiting the number of times he would check and as a way of getting rid of ominous pieces of paper. He swore that if he did not cease checking something terrible would happen. But the oaths themselves often became obsessions and failed to spare him the torment of self-punishment. He found himself in such a condition that he had to swear right and left that he would do (or omit doing) things which normal people take in stride. To fill a pipe or move an ash tray from one part of a table to another would be a tremendously complicated process. The oath was the highest type of coercion which he could achieve, and when it failed to stop his compulsions he was indeed in a turmoil.

When Charles thought that something was going to happen to a person, the "something" was death. The death clause enforced his obsessions and compulsions. He thought that he himself was apt to distribute germs of infection or of death. After visiting a cemetery, he could not see people for fear of infecting them with

"germs of death." In the bathroom he "was allowed" to use only a certain amount of tissue and to pull the chain only a stipulated number of times. Every trifle was connected with dreadful danger.

Several times he wished to discontinue the treatment, "otherwise my doctor will die..." Frequently he came late to his sessions with the analyst because a compulsion forced him to use certain specific street cars and to avoid others. And all this because he wanted to save the life of the analyst.

Some of his obsessions placed him in danger of appearing very ridiculous in public. He would, for instance, receive the order to jump forward after each step and then to take two steps backwards. As this would have made him very conspicuous, he countered the obsession with the oath that unless he disobeyed the order somebody would die. Obsessions and oaths followed each other in an ever-lengthening chain. The order said: "You must pass that man on the left side, otherwise he will die." The oath countered: "He must be passed on the right side, otherwise he will die."

When the mother of a colleague died, he was convinced that he was responsible. As punishment he received the order to abstain from eating breakfast for a week, or else... Within two days a counter-order intervened on his behalf and enabled him to resume the enjoyment of a morning meal. However, he could not be sure of the effectiveness of the counter-order as he had some misgivings as to the state of health of another colleague's mother whose life was involved in the counter-order. His fear for her life reached a climax when he heard his colleague saying over the telephone, "Mother is ill and only a miracle can save her." At this very moment a complicated compulsion set in. It was designed to perform the necessary miracle, to save the life of the woman for whom Charles felt responsible. He jumped over various patterns on the carpets and rugs. He paced to and fro. He gave himself orders and counter-orders, and for an entire day he "worked" in this manner to save her life. His trip home in the evening was an involved process of ceremonials and exercises enforced by oaths and counter-oaths and barbed by self-punitive actions. Later in the evening he

"received an order" to return to the store and to pace to and fro in the office until 9:50 P.M. This time the death clauses were concerned with his brother and an uncle. He came home exhausted and famished.

He confessed that while undertaking his walking exercises for the benefit of his colleague's mother, he had wished that she would die so that he could get rid of the entire problem. He reasoned with himself that he was justified in this attitude; he had made every effort in his power to save her; he would not be at fault and he merited the right to have peace. But even this thought brought its train of fears and threats. And, on the following day, when he learned that the woman had died, he was completely upset. He knew that the catastrophe had happened because he had refused to touch a wooden button on the bannister of his staircase. He felt as though he were the personification of death. One bit of pressure on the wooden button and her life would have been saved! His shock was hardly over when he learned of the pregnancy of another colleague's wife. This pregnancy with all its hazards appeared before his mental eye, and he became fully aware of the new and tremendous responsibility resting upon him.

The sex life of Charles was rather infantile. He started to masturbate at the age of six. And when his father died, Charles, who was twenty-two at the time, used this event to compel himself to discontinue the habit of masturbation. Later he again practiced masturbation, and by using various death clauses made another effort to overcome the habit. "If I continue to masturbate," he would say, "my father will become restless in his grave." He invented prayers to secure a peaceful rest for his father. Later these prayers became generalized and affected all the deceased members of the family. He was obliged to say that he wished that they all rest in peace, but, unfortunately, blasphemous ideas permeated his prayers. And so, with indecent thoughts entering his mind whenever he tried to help his dead relatives, he had great difficulty in trying to achieve peace and quiet for them.

At the age of fifteen he began to have intercourse, but he never felt completely satisfied after these acts. He fell in love with a girl

to whom he had never spoken. After daydreaming about her for a year, he wrote a letter to her. She did not reply, and within a few months he had forgotten her.

His masturbation fantasies had a sadistic character. He imagined that he placed a woman on his knee and spanked her. He actually did perform such an act with a prostitute. His main interest was directed towards the woman's buttocks. He explained this by stating that when he was eight or nine he had seen his mother lying nude in bed one morning, and he had been particularly impressed by her large buttocks. His mother, who was apparently rather lazy, frequently in jest asked the maid to awaken her by slapping her on the buttocks if she insisted on oversleeping. The boy never actually saw the maid slap his mother, but in his first masturbation fantasy he saw this scene. He did, in reality, often see his father jokingly slapping the mother on the buttocks.

Charles obtained a few sadistic books which made it completely impossible for him to perform a normal intercourse. He had to rely solely on masturbation. With various clauses and self-punitive measures he fought against the desire to visit a prostitute with whom he could satisfy his sadistic desires.

The obsessions which made it impossible for him to eat or to dress properly were ways of punishing his mother for her partiality to his brother. His obsessions often prevented him from calling at the laundry, and for many weeks he would wear dirty shirts. Sometimes he forbade himself to eat breakfast, or supper. Thus his mother worried considerably about him. Charles could not forgive her for undressing his brother every night until the fellow was twenty-three years of age.

When Charles refused to eat the sandwiches which his mother prepared for him to take to the store, he was unable to give them to a pauper or to bring them home, but he would hurl them into a river which he passed en route. He explained this behavior by saying that he feared the wrapping paper might contain important information which would either incriminate him or bring bad luck to any person who touched it.

He was severely tormented by the fear that he might spread

infection. When he considered any part of his clothing infected, he flung it into the river. Fear of infecting the laundry workers prevented him from sending "dangerous" clothes to them. Everything which he touched without having freshly washed his hands was "infected."

To throw these things into the river was a very complicated task. First he had to examine and re-examine every piece of paper, clothing, or other object with which he was about to part. There must be nothing incriminating on them. When he finally did discard "the infected material" and it was safely floating down the river, he was seized with the compulsion to examine and re-examine the pockets or drawers in which the "dangerous stuff" had been kept.

The problem of infection dated far back. Ten years before the treatment for his compulsion neurosis, he had been infected by gonorrhea. The disease had been treated and cured, but since that time he had suffered from the doubt as to whether he really was free from it. His most pressing ambition was to preserve the health of his family and all those with whom he came in contact. To this end he used a complicated system of covering the toilet seat, of cleansing his anus, and he was annoyed, in the performance of these ceremonies, by his repetition compulsion, by oaths and counter-oaths.

In order to preserve others from infection he would throw towels and soap into the river after having used them but once. Another employee in the store complained of a skin disease which had prevented him from working for several days. Charles was fearful because he had the habit of shaking hands with this man upon arriving for work in the morning. He knew that he wore gloves while doing this, but he had to throw the gloves into the river for fear that if he kept them they might spread the disease.

Criminal ideas were constantly harassing Charles. For some time the maid was absent, and he was supposed to awaken his mother during those days so that she could prepare breakfast for her sons. Very frequently he had a conflict as to whether he should awaken her, and often he wished his mother would die so that

he would be relieved of this responsibility. Death wishes also appeared whenever he had to pay the bill for a new dress or other garment which his mother had bought. Similar ideas also appeared with regard to his brother.

When he was expressing condolences to a friend who had lost his wife, he was tormented by doubts as to whether he had not mistakenly congratulated him. He also had to rewrite letters several times. His criminal ideas found their symbolic expression in his compulsion to throw things into the river, which, by the way, passed close to his apartment and in his daydreams he often hurled his relatives into the water. Suicide ideas were also discharged in this way. This reminds us of Schiller's ballad *The Ring of Polycrates*, in which the unusually lucky hero sacrifices his precious ring in order to placate the Gods of revenge and to preserve his own life.

Charles had many obsessions which were concerned with the analyst. Transference, itself, received the character of an obsession. The patient was unable to proceed with his normal life because it would mean death for the analyst. When he was directly asked by the analyst to buy a new pair of gloves and the doctor enforced the order with the formula: "Otherwise I (the doctor) will die..." Charles was relieved for the moment, but he was still unable to buy the gloves. The following counter-obsessions prevented him from doing so. First came the idea that he must not buy them in a store where he originally intended to make the purchase. He then started on a trip which was to take him all over the city. Whenever he wanted to enter a store it proved to be "the wrong one." Through death and counter-death clauses, each involving the life of the doctor, he finally succeeded in entering a store. He liked one pair of gloves very much, but an order told him not to take the pair just because he liked them. So he left the store and his cruise began anew. It was cold and he felt in urgent need of gloves. He knew something must be done immediately so he took an oath that he would purchase the gloves in an establishment located between the houses numbering 2 and 24, otherwise his mother would die. This was a powerful clause, but when he found a store situated between

the proper numbers he recalled that he had been unsatisfactorily served there on a previous occasion when he had bought gloves. The next suitably located store was closed. He asked himself why the store was closed. Had someone died? His quest continued. The next store was small and dirty in appearance. Visions of infectious germs swarming through the place brought fear to him, and he imagined himself throwing any gloves he might buy there into the river on the following day. Despite all the clauses he could not buy the gloves.

Analysis proved that the gloves had a symbolic value to him. His Odyssey, during which he had tried to buy the gloves, represented his unceasing and fruitless search for a sexual partner. He used to buy condoms in the neighborhood of the stores wherein he had hoped to buy the gloves. Since the unconscious sexual object was his mother, and the purchase of gloves would symbolize incest, he postponed the purchase. The same process accounted for his frequent postponements of his meals.

He had a general tendency to postpone everything, and he attempted to counter this tendency by setting time limits, enforced with death clauses. The time limits had the same character as compulsions. They offered him, in general, a welcome means to create emotional tensions. His neurotic life was suspended, as it were, between postponements, procrastinations and limitations. He accomplished everything at the very last minute and only after having endured severe inner struggles. He was always in a hurry.

A demoniacal tendency was constantly at work, making him incapable of performing his duties. Thus he was always in danger of losing his job. This self-destructive tendency was a reaction to his envy of his brother who had married and become financially independent. Charles was driven by his neurosis into a condition where his brothers had to support him.

Compulsions had a relation to his paraphilic ideas. Whenever he wished to masturbate with sadistic fantasies, compulsions set in. The background of the sadistic fantasy was, as we mentioned above, the scene between mother and maid. There were, also, intermittent scenes in which the father slapped the mother. The

patient in his fantasies identified himself with the father and the maid. Consciously, he played the part of an onlooker; unconsciously, it was he who was ill-treating his mother.

His habit of taking oaths was acquired from the mother. Whenever the children refused to eat she would say, "I swear by my life that you will eat." The children, on the other hand, used the same form of blackmail on their mother, swearing by their own lives to force her to things which she found unpleasant.

One immense difficulty in the analysis of this case was the tact that Charles prohibited himself from talking to the analyst about certain problems. He had to be relieved from the enforcing death clauses.

He wanted to be treated by force, and begged for some advice that would be difficult to follow. He was longing for something that would overpower him, and thus put an end to those forces which were overpowering him in his neurosis. He sought an order of such strength and volume that it would drown the orders appearing in his compulsions, even though this powerful order might require him to die. Therein he acted as most compulsion neurotics do when they ask the physician to give them poison in order that their sufferings may be ended. While they are actually incapable of committing suicide, they expect the doctor to take upon himself the responsibility of their suicide wishes. Another peculiarity of many compulsion neurotics is, we might mention in passing, that while they are in the army they often enjoy perfect health, and as soon as they are discharged a relapse usually occurs.

The belief which Charles had in the omnipotence of his obsessions dated back to his childhood. When he was six, a sister, eight years old, died. She had been a competitor for his mother's affections and little Charles had wished that she would die.

His compulsion symptoms set in after the death of an aunt. Mother had often visited the aunt in a sanatorium, and Charles often feared that mother, while on one of these trips in the winter time, would catch a cold. By saying, "I swear by my life that you are not going to see Auntie," he prevented his mother from making the journey. He took it upon himself to visit the patient, and this

was a greatly annoying assignment. After her death he reproached himself for not having visited her more frequently, and for many other things he had failed to do for her. He was haunted by the idea that his aunt was not completely dead at the time of her burial, that the doctor had forgotten to make the all-important test, the "heart stab."

Charles wished death to many persons. They were relatives who had played a part in his life. It was typical in his case as in similar obsessive cases that the death clause was applied very frequently to people who were not close friends or relatives, primarily to strangers. He was afraid of the revenge of the nemesis for the criminal wishes. To placate the goddess of revenge he sacrificed many pleasures, deprived himself of food and comfort, and atoned in many other ways for his imaginary crimes.

When he was asked to tell his mother's age, he replied that she was "over fifty," but he refused to give her exact age. In the course of analysis he admitted that he toyed with the idea of making long trips after the death of his mother. He waited for her to die. This was one of the reasons why he often punished himself by making roundabout trips to get to some nearby destination within the city in which he lived. The death wish towards his mother was based on his desire to be free from the strong fixation towards her, and on the jealousy which flowed from his suspicion that his mother paid more attention to his brother than to him. His obsessions concerning infection were products of his desire to infect his brother. This infection had a symbolic value representing his feelings of hostility and his homosexual fixations. The obsessions allowed him to think the tabooed thoughts without embarrassment. In his homosexual ideas he also toyed with the wish to be overpowered by a man. His fear of infecting the members of his family is also connected with his desire to establish sexual contacts with all members of his family. The ambivalence of his emotions was rather distinct; love and hate, homosexuality and heterosexuality appeared simultaneously.

The patient was constantly fighting to save his mother's life. And yet by refusing to eat, by neglecting his external appearance,

and through various annoying compulsions which he used as antidotes for the death wishes, he caused her grief and worry. Time limitations which he imposed on himself when fighting his tendency to procrastinate proved to be based on his plans for the starting of a new and more enjoyable life after his mother's death. He was very much interested in trying to figure out how many years his mother would live.

In jest Charles often cursed his brother and told him that he wished him death, hoped he would choke to death, and so on. He was never perturbed by these outbursts. The unspoken words were the things which made him fear for the lives of his relatives. He inwardly recognized the sincerity of his death wishes.

He had two ways of killing: death wishes and infection. And he overcompensated these anti-social ideas by a pretended altruism.

In his neurosis Charles was not an employee, small in stature and position, but a villain of gigantic proportions, a poisoner, matricide, magician, demon, devil and god. His illness was a triumph of metaphysics over reality.

His neurosis broke out relatively late in life. It was based primarily on bisexuality and sadism. A homosexual situation which occurred with his brother during his childhood was not revealed until late in the analysis. It is worth mentioning that his brother also developed a compulsion neurosis. Charles' desire to repeat, revive, relive the homosexual experiences with his brother represented a major propelling force of his own neurosis.

It was tragic that his omnipotence was unable to bring the realization of this wish.

Chapter Twenty-one

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BORDERLINE CASES

The dualism, the antithesis—this is the activating, the passionate, the dialectic, the spiritual principle; spirit is to see the world divided into hostile camps.

THOMAS MANN

IN MOST INSTANCES, we were able to prove the importance of the role which the poison complex plays in all instances of compulsive neurosis. It is interesting that in the psychoses the poison complex constitutes the same overcharged idea. Frequently, the poison complex helps us to make the diagnosis of a more profound disturbance—a diagnosis which it might otherwise be impossible to make. However, while the compulsive suffers from the active poison complex, i.e., from the fear of transmitting a certain poison by some action to other persons and of causing their death in this way, the psychotic, and especially the paranoiac, is afraid of being poisoned by other persons (passive poison complex). In borderline cases, both the active and the passive poison complex are present, a fact which, of course, greatly increases the difficulties of making a correct diagnosis.

In the following, I will present some of my cases, where I succeeded in diagnosing a deep-seated psychosis with the aid of the poison complex.

Case No. 67. I was called to twenty-three-year-old Anna K., who, according to outstanding Viennese psychiatrists, was suffering from "hysteria." For some time now, Anna had been under the observation of Dr. B., who had made this diagnosis. Her mother came to my office and told me the patient's history. She asked me to visit her daughter who was lying in bed at home, not wanting to get up. I should induce her to undergo psychoanalytic treatment.

The patient, who was of average build and looked well, was in bed when I came. She was well oriented with regard to time and location and answered all my questions correctly. There were no signs of any unusual affectivity. Up to a year ago, she had been perfectly well. In the course of last summer, while her mother was away on a trip, she noticed that her father desired her sexually. She locked her door at night, a fact which annoyed the father very much, and she was also afraid of being left alone with him during the day. She told me that her father had, more or less openly, made indecent proposals to her. She was an only child and had always been spoiled by her parents. At that time, she was still going to her office. She accused her father of upsetting her emotionally. After those two weeks alone with him she lost her emotional balance. She found no pleasure in her work, was absent-minded, and suffered unmotivated attacks of anxiety, especially at night. She became excitable, easily irritated and had periods of insomnia.

I had the opportunity to meet Anna's father. He awkwardly evaded my questions regarding his daughter's accusations and was noticeably shy and depressed in his manner. I gained the impression that the patient's accusations were not only the outcome of her own wishes, but that they were based on actual facts.

However, I was struck by the frankness with which she discussed the incest complex. Her frankness was in no way compatible with the character of the neurosis which, at that time, was called "hysteria." A hysteric would mention complexes of such a grave nature

only in the course of an analysis since the hysterical mechanism would subject them to repression. But my conversation with the patient, which lasted for a whole hour, did not produce any clues for a psychosis.

When the mother asked me whether I would be willing to analyze her daughter, I told her that I would have to interview Anna again before I could come to a decision.

The next day, the patient told me about a number of symptoms and experiences which were in no way indicative of a psychosis. This second hour of mental examination did not seem to produce any definite results, either. I was unable to catch the patient off balance and to force her to commit a psychic betrayal. At that point, I employed a method which Tremmel has later described as the "complex stimulus" method: I asked the patient abruptly: "And who was the one who wanted to *poison* you?"

She replied immediately: "My mother. She puts the poison into my soup. But I am careful. I never eat the soup."

Now I knew enough. I refused to analyze the patient. Why? Because the blame for a later outbreak of the psychosis would have been placed on the analysis. I knew in advance that certain psychiatrists, whose attitude towards me was none too friendly, would not miss this opportunity to disparage analysis. I had had previous experiences in this respect. Thus I declined and indicated to the mother that the patient was afflicted with a complicated mental disorder, which could not be cured by analysis.

The mother, an intelligent woman, asked: "So you don't believe that this is an hysteria?"

"No!"

A few days passed, then I was again called to the patient. She was delirious. She wanted to attack her father and screamed continuously: "The rat! It's his fault that I am sick!" She also shouted insults at her mother, calling her a whore and similar names, tore off her clothes, and smashed everything within her reach.

I referred the patient to the hospital for psychiatric observation and informed Poetzl, who at that time was the Associate Physician, of her history. I diagnosed a *dementia praecox*. Later, I was greatly

surprised to learn that Professor W. demonstrated her to his students as a typical hysterical delirium, and promised them to present her as cured a few weeks hence.

The patient was detained at the hospital. Several weeks passed and her condition changed only slightly. Her excitement subsided, but signs of impending stupor were observed. Three months later, she was transferred to the insane asylum, "Steinhof," where her condition was diagnosed as "catatonic stupor," and where she was qualified as "incurable" even several years later.¹

Only the "complex stimulus" method enabled me to discover this dissimulated poison complex. She was clever in disguising her "psychic ataxia" (Stransky). The stimulation of the complex caused the outbreak of the affectivity and thus a part of the patient's delusive system was exposed.

I repeatedly employed this trick and it failed me only in rare instances. This is an indication of the ubiquity of the poison complex in psychotics. Naturally, there were cases where the poison complex could not be uncovered. But there were relatively few of them in comparison with the many positive results obtained.

We wish to illustrate our point with another example:

Case No. 68: The patient was an engine driver about 35 years old. He was brought to me by his brother who asked me for a certificate which should explain the patient's strange behavior. He lived and worked in Villach. On his day off he went to Vienna and did not report for duty in Villach the following day, as he had been expected to do.

The patient reported a severe actual conflict. He was attracted by the wife of one of his fellow-workers. On the critical day, this man was on duty, and the patient could have taken advantage of this opportunity and reached his aim. Suddenly, however, he had

¹ I believe that the experience with her father was based on reality. See *Frigidity in Women*, the Chapter, "The Sexual Trauma of the Adult", New York, Liveright, 1926.

to take to flight... A typical fugue, which could easily be explained as a self-defense of the moral ego.

There was something about the man's behavior that made me suspicious. Unexpectedly, I asked him the question about poisoning. He lost his psychic balance and replied, also showing the immediate reaction which I had observed in the patient discussed above: "My wife wants to poison me. She also wants to poison the wife of my friend."

This statement satisfied me. I gave the man a closed letter to his physician. Shortly thereafter he was committed to an insane asylum, where he has remained up to the present day.

Before discussing in detail the importance of the poison complex for the diagnosis, I wish to present a third case:

Case No. 69: Dr. R., a well-known Viennese dentist of excellent reputation, asked me to treat his twenty-two-year-old son, Bruno. He told me that Bruno, a very gifted boy, had recently been absent-minded, that he had stopped studying, and that he was extremely irritated, given to sudden changes of mood and outbursts of rage. He had all sorts of physical complaints for which no organic basis could be discovered. Experienced physicians and psychiatrists had diagnosed his condition as an hysteria.

In the first interview I gained the impression that Bruno was a bright and very intelligent boy. I began with the analysis, which, at first, proceeded very well. It revealed an intense hatred of the tyrannical father and at the same time a homosexual fixation on him (bipolar attitude), strong ties to his mother and his very beautiful sister, and jealousy and rivalry with regard to the elder brother who was to take over the father's business while Bruno was studying—or, rather, was supposed to study—technical science.

Towards the end of the second week of treatment the poison complex was revealed. Bruno had made up some potassium cyanide for himself, which he carried around; he expressed suicidal ideas, and showed a slight, passive poison complex. Certain of his attitudes showed incorrigible rigidity which is characteristic of schizophrenia.

I called the patient's father to my office and told him that his son was suffering from an incipient schizophrenia. I could not promise him a certain success of the analysis and I could proceed with the treatment only if he was prepared to regard it as an attempt to save his son who otherwise would be lost.

Under these circumstances the father refused to have his son analyzed. Findings by other psychiatrists supported his opinion that it must be a case of hysteria. Some time later, Bruno's condition became worse, and he was sent to Steinhof (the Viennese insane asylum). A year later, he was released in the custody of his father. Then the patient got himself into debt, sold valuables belonging to his father, and finally when the father discovered the theft committed suicide.

In all three cases, we were able to uncover a definite poison complex, which, in the last case, was also active. It must be understood that the passive poison complex represents a sort of talion, and that it is only a reflection of the active one.

Anyway, we could definitely establish the presence of an active poison complex in our analyses, especially in the case of Miss Bertha (*Case No. 22*), whose compulsive neurosis was cured. In the same way as the rest of the criminal ideas of compulsives, the active poison complex is dominated by the fear that they might eventually put it into action.

I wish to draw attention to the fact that the poison complex frequently manifests itself in gastric disturbances (especially vomiting). This explains why so many compulsives complain of this type of disorder, which generally disappears in the course of analysis. This fact also provides an explanation for Plönies' fallacy that compulsive ideas can be cured by a rational gastric therapy. This author found gastric symptoms in all the compulsive patients he observed. He is doubtful as to whether compulsions can occur in organically well persons (i.e., persons not suffering from gastric disturbances). According to him, com-

pulsions are a result of toxicity which is reduced in the course of a rational gastric therapy. Consequently, the obsessive ideas decrease in severity.

The following case, presented by Plönies, illustrates his attitude and therapy:

"Thus I treated O., an intelligent, twenty-three-year-old law student. Before he started treatment, he was obsessed with ideas revolving around distorted experiences of his past, serious offenses during his college years, actions he had neglected to carry out, and even crimes. A few days after he had begun treatment, the crimes disappeared from the content of his obsessions. Now they were only concerned with mistakes of a passive nature. After three weeks, the only compulsive idea that remained was that he had forgotten something important. The toxic effects on his brain manifested themselves in a severe impairment of memory, a complete inability to sleep, and states of depression accompanied by suicidal ideas. The patient, who was six feet tall, weighed but 105 lbs.

"This simultaneous reduction of the severity of the obsessions and the effect of the lesion, in the course of treatment, explains the frequently mild character of compulsive ideas in their early stages, which corresponds to the, as yet, slight irritations caused by the developing lesion."

This kind of reasoning leaves science powerless. It is a fact that all compulsives with a pronounced poison complex are disposed to gastro-intestinal disturbances of a functional nature, and that they equip existing lesions with a psychic superstructure which, apparently, places the organic disorder in the center of the pathological picture. The numerous cases which I have presented here, are significant because gastric and digestive disturbances were only in rare instances reported by the patients. In psychotics, it is frequently found that the poison

complex manifests itself, in the early stages of the illness, as a gastric disturbance.

The presence of the poison complex must always be taken into consideration when gastric disturbances occur in children and adolescents without an organic basis. We must remember that the poison complex takes root at a very early age. Children are made aware of poison by the fairy tales (Snow-white!). Education, too, contributes to this awareness inasmuch as children are frequently told that some food is poisonous, and that they might die from it.

Poison is a weapon of the weak in his struggle for superiority.

Consequently, poison plays the most important role in children's death wishes. As a result of the talion, fear of retaliation develops, and consequently the fear of being poisoned or infected. (The passive poison complex as a reversal of the active one.)

We will hardly find a severe case of compulsion which does not utilize the poison complex in its psychic structure. The closer the disorder comes to the psychoses, the more clearly the poison complex is defined. Therefore, we must always suspect the presence of a psychosis when we encounter an overt poison complex.

Chapter Twenty-two

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OBSESSIVE PHENOMENA AND PSYCHOSES

THE DIFFERENTIAL DIAGNOSIS of obsessive diseases and psychoses is often very difficult. For a long time obsessional diseases were considered as prodromals or forms of insanity. However, no one has yet given conclusive proof that a compulsion neurosis can develop into a psychosis. The few cases in which such a process is reported are open to doubt as to whether a psychosis had not been present in a latent or incipient stage when the illness was diagnosed as a neurosis. The diagnostic situation is still more complicated by the fact that obsessive phenomena may be seen in neuroses as well as in psychoses, in fetishism, and in epilepsy, hysteria, kleptomania, exhibitionism and tics.

I am inclined to consider one as having a *genuine* compulsion neurosis only when one finds a more or less elaborate system of obsessions, compulsions, and doubts, and when the compulsions are enforced by conscious or unconscious clauses. Such clauses usually run as follows: "Unless you perform this or that act, this or that person (rarely the patient himself) will suffer injury or will die." Compulsive self-accusations, obsessive feelings of guilt, hypochondriacal obsessions and hysterical phobias

may cause diagnostic difficulties when one is differentiating them from some manifestations of manic-depressive psychoses. Stereotypes, delusions, and mannerisms of schizophrenia may prove hard to differentiate from obsessions. The emotional splitting, paradoxical ideas, blasphemic obsessions found in compulsive diseases, may be mistaken for manifestations of schizophrenic personality dissociation. Brooding compulsion, doubting obsessions, complete dependence on inner propulsive forces often show striking resemblance to depressive and paranoiac conditions such as are seen in the insane. Compulsions revolving around phobias—e.g., a washing compulsion, which develops on the basis of a poison phobia—may be confused with paranoid delusions of being poisoned. On the other hand, we find depressive states in almost all cases of compulsion neurosis.

The following case will illustrate the intricate problem of obsessions within the structure of a psychosis.

Case No. 71¹. Bertha H., fifty-two years old and married, suffered from the idea that on her palm was loose hair which would be harmful to anyone to whom it might be transmitted. If a person ate food into which one of the hairs had fallen, severe illness or injury would result. Even to shake hands with anyone or to brush her ill-fated palm against the hand of another might cause the most dire malady.

The terrible idea had been with the patient for twenty-three years; it had first appeared shortly after her marriage. In the initial stages the accompanying symptoms were rather slight, but in the last few years prior to treatment she had been intensely depressed, anxious, retarded in her movements, given to thoughts of suicide, impatient, and apathetic toward her duties. She was also considerably disturbed by anorexia, insomnia, restlessness, and occasional heart palpitations.

¹ The analysis of this case was carried out by Mrs. Hilde Stekel, under my supervision.

This lady, whose main symptom was the hair obsession, also had several phobias, in all of which was manifest the fear of loss of self-control and the consequent commission of an "insane" act. She feared that while in a state of insanity she might leap from the balcony of a theatre, or hurl her opera glasses down into the audience.

Her attitude toward insanity was bipolar. She dreaded, yet craved, insanity. She confessed that often she arbitrarily intensified her obsessions in order to come as close to insanity as possible. One of her obsessions was that she would have to do something while she still was ill because once cured she would have no excuse for her actions.

When the treatment began to take effect she ingeniously provided a new obsession. She thought that she was "stupid," and as a stupid person, she could not understand what the doctor was saying. She was sure nobody would profess to cure a mentally defective person. The idea that she was an idiot began to assert itself; as an "idiot" she could not do anything or go anywhere. This was her protection against the impulse to carry out the intended anti-social acts.

The wish for the state of idiocy was facilitated by some of her early childhood experiences. She had frequently seen a village idiot exposing his genitals in front of women. He was supposed to have been used by some women for sexual purposes. In order not to be connected with these rumors she never wanted to meet him.

Doubts appeared again and again: "Have I done anything?" After some time they turned into other doubts: "Will I do anything?" Analysis proved her obsessions to be substitutes for actions she had once performed. In this way they represented a regression from action to thought, instead of the normal progression from thinking to acting. Action represented a current emergency, an actual conflict, which enabled her to withdraw some of the emotional charges from the memory of the historical events.

The patient admitted having toyed with criminal thoughts. Bad conscience caused her to fear meeting policemen; she dreaded

seeing hearses or ambulances; she associated them with her incessant criminal thoughts.

The latter temporarily took the form of a *poison complex*. She toyed with the impulse to put poison into the food of her relatives and in this way to obtain the undisputed possession of the inheritance. In her neurosis this impulse appeared in a phobic distortion. The patient was afraid that pieces of enamel might have splintered off from the cooking utensils and gotten into the food. Though she did not carry out her aggression towards her relatives she used her symptoms to torture them. She washed and wiped dishes and furniture. She grabbed people's hands in order to brush away the imagined hair. She changed her clothes several times a day and stood naked for many hours trembling for fear that she might discover some hair in her clothes. It was always only *one hair* she dreaded. She was afraid of transferring a hair to the sleeve of one of the servants, for the girl would milk the cow, the hair would get into the pail, the milk would be consumed, and thus the whole family would be destroyed. She indulged in phantasies of omnipotence in which she would destroy the whole family with a single hair.

Under the influence of concentrated psychotherapy, her illness gradually disappeared. She gained weight. She was able to attend to her everyday duties and showed interest in her environment. However, after four years all her symptoms reappeared in a photographic likeness. To the old hair obsession a new idea was added, namely, that she might have touched a *stepladder* some time in the past, and that the step ladder might have fallen, or would in the future fall, upon her nephew and injure him.

The patient was treated in her hometown by a local doctor who made the diagnosis of Graves' disease. The patient lost weight and was in a deplorable mental condition. When she resumed analytical treatment she was again deeply depressed and had suicidal ideas. Her illness seemed more severe this time, her resistance against treatment was more outspoken. Phobias and obsessions were changing kaleidoscopically. Hair complex was in the background,

but ideas of having touched a ladder, a stove, a shingle, etc., were very prominent.

Analysis found that in Bertha's case the touch was always connected with an unconscious death wish. When the thought of having touched a ladder appeared it soon became unbearable. It occupied her mind day and night. It weakened her physically. Its onset was lightning-like. The patient was sitting in her garden when she suddenly was seized by the idea that her nephew was responsible for her nervous condition. A thought of revenge also came to her mind. At this moment she thought that she might have touched the ladder which was leaning against the barn. A fleeting thought contained the possibility of the nephew's falling down the ladder. The nephew, however, was not around. She got up and wanted to ascertain whether a passing person, such as herself, could not stumble upon the ladder and displace it. A short look at the position of the ladder convinced her that this was impossible. After this she still maintained the doubt that she might have involuntarily touched the ladder in passing. This thought persisted.

She wanted to run away from the place, from the city, from the world. She thought of suicide. Some doctor had once mentioned that she had a "weak heart." She began to think of her heart and to develop palpitations at the slightest provocation. She was unable to talk to her nephew without going through mental torture. She would associate the ladder with him, and suffer anxiety with heart palpitation whenever she thought of him. This nephew, the son of the patient's sister, was the presumptive heir to the family's property, which fact accounted for his introduction into her criminal daydreams.

Her hair obsession was soon completely replaced by the ladder complex. Such shifts occur quite often, since usually there exist unconscious associative anastomoses between the individual obsessions, all leading through a central criminal complex.

This fact is important, for some cases of obsessional neurosis are presented as cured or improved when in reality one obsessional system has been replaced by another.

The patient came from an apparently happy family although she

described her parents as different from each other in every respect. The father liked his children and often played with them. However, he was usually preoccupied with his business, a restaurant, and the children remained under the supervision of the mother who was a stern and energetic person. She was cold and showed no affection for her children. Bertha reported that at the age of twelve she witnessed a jealousy scene between her parents. The mother accused the father of flirting with the servant. The patient was deeply impressed by this experience.

In the course of analysis she recalled having had an obsession as early as her tenth year. She had walked into her father's bedroom, and upon leaving she was troubled by the idea that she had touched her father. This obsession disappeared after some time, spontaneously. Bertha recalled having been taken into her father's bed repeatedly, but a recollection of a sexual contact was not obtainable.

Another important item of her life story was that for some time she was very self-conscious in her father's presence. She helped him frequently by accompanying him with a candle in her hand as he went down into the wine cellar.

She had been punished by her father but once; it was for having sung a frivolous song which she learned from the guests in his restaurant. She felt this punishment as a deep humiliation.

She showed a strong fixation toward her father. Nevertheless, analysis also brought out distinct death wishes toward him. They contained the idea that she would get rid of her fixation if he died. After he was really dead, her father frequently appeared in the patient's dreams, thus indicating her desire to solve her perennial father complex, at least in effigy. A fruitless undertaking, indeed. Obsessional neurotics can not settle their problems, and certainly the wish for, or fantasy of death can not bring about any change. The obsessional neurotic annuls death, and maintains fixations beyond life and death. To him time also means but little. And so it happens that traumatic experiences are repeated in the patient's symptoms, or in his fantasies, again and again, without regard for their reality value.

According to analytical findings, the fear of touching hair represented the patient's fear that she might have touched her own genital in an "unchaste" way (masturbation complex.) In accordance with this interpretation we must assume that the patient's fear of having touched her father had a similar meaning. If such a thing did happen, it happened during her early childhood on some occasion when her father had taken her into his bed. We must keep in mind that the patient's father owned a restaurant in which liquor was for sale, and that he had ample opportunity to indulge in drinking. According to the patient, he often came home in a state of moderate intoxication. Under such circumstances, an act such as that mentioned above could easily have happened.

The patient's first dream lent credence to this assumption. In this dream she described *a party in which she was to receive the guests. Bertha was not invited, and felt that she had been overlooked. Then she was herself in a yard holding a child in her arms. A man who was intoxicated squeezed her so violently that the child's head was flattened. The child, however, lived. Later she saw newspapers lying on the table. She hid the papers so that nobody could read them.*

The patient associated with this dream a brown dress she had when she was ten years old. The flattened head of the baby symbolizes the patient's traumatic childhood experience, and the peculiar shape of it symbolizes her obsessive thought. The hiding of the newspapers points in the direction of a secret connected with her trauma. She doesn't want people to learn the news. Dancing is a well-known sexual symbol.

In another dream *she opened the gates and the wing of a gate fell down and hit the foot of a man. Her father was annoyed by this.*

Her father's anger at her for marrying another man and opening her "gates" to him was thus expressed.

In one dream she saw *herself having incestuous relations with her father, and (in the dream) she reproached herself for having forgotten it.* This dream occurred toward the end of her treatment. At first she refused to report the dream for fear that she would be

considered immoral. Finally she admitted that she had had many such dreams.

The patient's mother punished her children frequently by humiliating them, making them kneel at the window in sight of other children, or by pulling their hair. Bertha suppressed all hatred reactions at that time. We note here the connection between hand and hair. The obsession represents thus a congealed recollection in which two factors were fused into one: the inability to forget the injury, and the idea of revenge. Consciously, however, she always tried to exculpate her mother, regardless of how much she made her suffer.

Once her mother had warned her not to take her braids into her mouth because a hair could get into her stomach. This was the inauguration of the hair phobia. Later when she saw a lady wearing a fur coat on the street she frequently surmised that she had touched the woman and that a hair from the fur had clung to her hand. This hair, according to her obsession, was "transmitted" into the handbag of another woman who was in danger of getting it into her mouth and dying. It was not difficult to decipher the "other woman" as her mother.

The patient's sister, Marie, was in many respects the opposite of our patient. She was popular, vivacious, happily married, without any traces of a neurosis. The patient suspected her brother-in-law of being unfaithful to his wife and repeatedly tried to malign him to her sister. Her attitude towards her sister was clearly that of a jealous woman begrudging her sister her happiness. She and her sister took care of the kitchen of the restaurant, and there was plenty of opportunity for conflicts. Yet behind her strained attitude towards her sister, the analysis discovered the presence of a strong homosexual fixation. Unconsciously the patient wanted to have Marie for herself, and considered her brother-in-law, and their son, as intruders. Consciously, however, she displaced this love to the nephew. She considered him, the child of her sister, as a part of herself. One of the peculiarities of the house was that the whole family, the patient as well as her sister, very often handled the nine-year-old boy's genital, as a

sort of a "game." She confessed in analysis that even later she had definite impulses to touch the boy's genital.

Great was her tendency to take possession of everything her sister had. Although her brother-in-law caused her a great deal of discomfort, she envied her sister because he appeared to be so strong physically. She daydreamed of being married to him. These daydreams usually culminated in death wishes toward both her sister and her husband. She rationalized her death wish toward her sister, however, and voiced strong fears that, being overweight, she might some day die of apoplexy.

Her sexual fantasies concerning her brother-in-law received a stimulus from the fact that the man had the habit of bragging about his pre-marital adventures. He also made several direct and indirect attempts to seduce Bertha, once by exhibiting his genital in front of her, and another time by showing her pornographic pictures. The patient saw in him a contrast to her own impotent husband. These pornographic pictures and his frequent exhibitions contributed to her desires for a paraphiliac contact with him (fellation). Her fear that she might find a hair in her food was connected with this problem (hair-penis).

Occasional visits by her sister in their home represented pleasant intermissions in the dreary course of her marriage. Her husband did not fail to notice her great devotion to her sister. He reproached her for paying more attention to her sister than to him. The sister, on the other hand, did all in her power to antagonize the patient against her husband.

The homosexual fixation between the sisters was largely responsible for Bertha's remaining frigid in her marital relations. She liked to hear her husband explain the details of his pre-marital relations, and she even expressed to him a wish to be introduced to prostitutes.

Harlot fantasies were abundant. She indulged in them while walking on the street. Later, in her neurosis, she was unable to go out unaccompanied.

Once she dreamed that *she was to put a long suction pipe into her mouth. She had a feeling of disgust, but did not want to show*

it in front of other women. The suction apparatus was attached to a woman's breast.

She recalled that she had helped her sister to empty her breast when her nephew was born. The appearance of this dream revealed the existence of repressed paraphiliac ideas concerning her sister's breasts. Also fellatio phantasies once again came to the foreground.

Her desire for monopolizing parental love received a further severe shock through the birth of her second brother. The midwife came out of the mother's bedroom and announced the new arrival. She added smilingly that from now on Bertha would not be the only heir of her mother's estate. The midwife did not realize that her joke hit upon an extremely vulnerable spot in the girl's mind; for Bertha was constantly thinking of her parent's restaurant.

In the course of time the girl became reconciled to the idea of having another sibling and her relationship with the boy gradually became close and friendly. However, her fear of possible further additions to the family remained with her, and played an important part in her life. In one of her dreams *she saw a dog that was led to a lawn; somebody stepped on its body and many young dogs came out, then a black and white dog and one that was entirely black. The black one suffered a great deal.*

The black dog, in this dream, symbolizes the patient's mother. The dream portrays the fear of her mother's future pregnancies.

In the patient's compulsion to touch, her criminal impulses were discovered; jealousy led to desires to do away with her competitors; under the influence of the super ego the act of killing became attenuated into the act of touching. The subsequent feeling of guilt betrayed its origin.

In the picture of the black dog we can also recognize the symbol of death. The little dogs escaping from the abdomen of the pregnant dog symbolize the patient's morbid thoughts brought to light by analysis.

When she was a child, her mother had once remarked that her brother was sick and might not be able to get married. Bertha had noticed that something was wrong with his genitals (cryptor-

chism). She pitied him but at the same time she had a definite feeling of satisfaction. She was surprised that the boy did not seem to mind his deformity. She loved her brother and she was also loved by him.

After the father's death her brother took over the business. He never showed an understanding of her illness. When he taunted her she would counter with the anxiety that she might have transmitted a hair to him. We know that this thought was an equivalent of a death wish.

And then one day her brother did in reality die, the victim of an accident. This event shocked Bertha deeply. She was forced to stay in bed for two weeks, suffering from pain in her heart, and other nervous symptoms. With the deepening of her guilt her obsessive thinking increased. Having wished her brother to die, (inheritance complex) she felt as if he had died as a victim of the omnipotence of her thoughts. In his death she had one more proof of the efficiency of her criminal wishes.

In her dreams she often reconstructed the accident, the overturning of a carriage by runaway horses. The tendency of such dreams was to afford her an opportunity for experiencing sadness instead of secret joy over the loss of her brother.

In one of her dreams *she saw her brother, young and beautiful, and then she heard that he met with an accident in a nearby field, Borstendorf. He stumbled over a black dog and was killed. Later she thought he was carrying half a pig and that this pig was responsible for his death.*

In this dream we have allusions to the patient's hair illness not less than three times. First in the picture of the dog, then in that of the pig, which has bristles, and last in the name of the place, which can be translated from the German as "Bristleville." The black dog represents death; the pig, the well-known symbol of good luck. In this case, the half of a pig represents the half of the property which the patient obtained through the death of her brother.

When the patient heard the interpretation she confessed that her emotion in the dream was ambivalent. While the dominant feeling was that of grief, she had a distinct feeling in the dream that

it was good, because now her daughter would get into the possession of the property. The ambivalence mentioned here found its expression also in one of the patient's embarrassing involuntary reactions. She reported that in one instance, she roared with compulsive laughter when someone mentioned the death of her brother.

After this incident she became very sensitive to laughter in general. She was infuriated at her mother who smiled when the patient was brushing off the imaginary hair from her hands.

The patient's marriage was an unhappy venture. She left her family when she married. Her husband was a low-paid clerk and they had a hard struggle from the beginning. As her parents owned a restaurant and always had plenty to eat and drink, Bertha was not accustomed to economizing. Her husband, though, was a pathological miser and demanded precise accounting of expenses. At the beginning of her marriage Bertha had normal sexual satisfaction. Later her feelings became colder, and six years before the beginning of the treatment intercourse had ceased entirely. It was after she returned home from a long trip to her mother's that her husband made an attempt at intercourse and failed. From that time he did not approach her.

Because of Bertha's illness her husband, too, was in an unenviable position. To him as well as to her the marriage was a nightmare. The patient had had a love affair at the age of eighteen, but the affair found its end soon because the young man withdrew. (The patient's neurotic behavior must have been instrumental in bringing this about.) She had but a few contacts with the opposite sex before she married. Her fixation upon a very jealous father contributed its share to her unsatisfactory sexual adjustment. Her father was very strict with her and forced her to be at home at a relatively early hour when she went out. Once when she came home late he even slapped her.

The family consented to the patient's marriage only because her fiancé was a government official, and represented the higher type of a "white-collar" worker.

Shortly after Bertha was married she began to develop obsessions. At first it was the idea that she had dropped fragments of

glass which would cause people (husband) injury. Then the glass complex changed into a pin complex. Later the hair obsession appeared. She became such a nuisance to her husband that he gradually lost all sexual interest in her. He became more and more secluded and had no desire even to converse with her. He blamed her for his impotence and she blamed him for her condition.

They had an only child, a daughter. This child soon stood in the center of the patient's pathological ideas. At twenty-two she became engaged, and thus created another source of concern for her mother, who felt that through her illness she was making her daughter miserable. She was afraid of poverty and was very pessimistic as to her future. This fear received a strong impetus through the fact that the daughter's fiancé lived in another city and her daughter would have to leave her after the marriage. For selfish reasons the patient did not favor this alliance. And indeed because of the condition of her mother the girl was forced to postpone her marriage again and again. This made Bertha suffer from feelings of guilt; she accused herself of destroying her daughter's happiness.

Her conflict between mother love and her fear of losing her daughter occupied her mind completely. The only distraction from this conflict was her hair problem. When she was free from her doubts as to whether or not she had transmitted the hair to another person, she was tortured by scruples concerning her daughter, and vice versa.

Shortly after she delivered her daughter the fear affected her that a hair would get into the infant's bottle. She made extensive investigations in this respect. She tortured her husband with her fear and forced him to wash his hands again and again in order to remove the possibility of transmitting the hair.

She longed to be in her home town. The thought that she might be forced to live with her daughter, once the girl married, and the prospect of not being able to go back to her home town caused her to develop acute death wishes toward her daughter.

After some time these ideas disappeared and were replaced by an exaggerated love for the child. Taking care of the child caused

her to neglect her husband. However, her hair obsession continued to grow in importance.

The main inner wish was to be at the side of her beloved father. Shortly after the outbreak of her death impulses toward her daughter, her father died and her sister married. Both objects of her affection were gone. Thus her nostalgic fantasies received a strong setback.

One of the dreams expressed her fear of her daughter's marriage. She saw *a big bird in the air. People claimed it was a vulture. The dreamer saw him grabbing a white chick with his claws and then releasing it. She then saw the bird attacking the chick again and this time flying away with it. There was a large eye above the top of a high wall. A girl, or two girls, were sitting on a bench. She was pouring water over their knees.*

The man who would take away her daughter appears in a dream in symbolic disguise of a vulture. In the dream she has prevented her daughter from getting married, but God's angry eye looks at her. The two girls on the bench are her two love objects, daughter and sister. The watering scene has a sexual connotation.

The question of her daughter's marriage appeared in her dreams frequently. In some of them she saw her married; in others she was having affairs with men; in still others her daughter's virginity was endangered.

The fact that she was worried about her daughter irked the patient. She thought that she would not suffer so much if she had no daughter at all. On the other hand, she could not imagine life without her. Using her illness as an excuse she tyrannized her daughter, and dragged her along with her wherever she went.

The neurotic behavior of the mother was countered by the neurotic behavior of the daughter. She missed no opportunity to frighten her mother and to take revenge for her mother's dominating ways. On the other hand, the mother's symptoms increased considerably whenever she was irritated.

The patient used her "hair language" to express her tabooed thought. When performing the search for the imaginary hair, she wanted to placate her conscience. She wanted to be able to say to

herself that she had done all in her power to prevent a catastrophe if her daughter should by some chance have swallowed a hair.

The idea that her daughter was responsible for her illness was very strong at the time of the second treatment. Her daughter accompanied her to Vienna. At night Bertha would awake with fear that she had "thrown" a hair upon the table. In the symbolic equation, table stood for bed. (She referred to a repressed experience of touching in connection with a bed. The person of her father was associated with it.)

In her dreams and daydreams the idea came more and more to the fore that she would like to share the sex life of her daughter. One of her dreams dealt with *two beds that were standing in a room together. A third one was to be added.* She would have consented to her daughter's having an affair with a man if she could share it. However, her daughter didn't even want to share the room with her, much less a relationship.

She admitted that from her early girlhood she had sexual daydreams, and among other things had the compulsion to stare at the trouser-fly of men. As a pious Catholic she tried with all her might to suppress these tendencies.

In analysis the hair proved to be also a symbol of masturbation. Bertha indulged in masturbation frequently from early childhood and suffered greatly from feelings of remorse. After sexual relations were discontinued she had an increasingly strong desire to resume masturbation, but was able to control herself. However, the hair which as a symbol represented the pubic hair, belied her intentions of abstinence. It was the pubic hair which she believed she had touched.

As a small girl she was rather gay and unrestrained in her games until she started to attend school. At that time she began to develop religious inhibitions. She was anxious to suppress all sexual tendencies, particularly the idea of touching herself in an "unchaste" way. She was also over-exact in confessing her sins to the priest and was extremely conscientious. After she experienced her first obsessions regarding the touching of her father, she was

frequently tormented by doubts. She was never absolutely sure whether she had been entirely sincere in her confessional.

She had always had difficulties at school, and because she indulged in daydreams her progress was rather slow.

She also admitted having had "contrast thoughts" with regard to religion. She was exposed to blasphemous thoughts when praying in church. She had the obsession of having touched the statue of Jesus in the genital region; the impulse to stretch out her tongue to nuns; to spit out the holy wafer at communion, and the like. She mixed the holy with the profane, and both were clearly interchangeable.

After her husband retired from his business, the patient went to live with her mother and helped her in the running of her restaurant. It was then that she first started to wonder who was going to inherit the restaurant after her mother's death. Bertha wished to see the lucrative enterprise in the hands of her daughter. In this case the restaurant would remain in her hands for the rest of her own life. However, Bertha's sister seemed to have similar aspirations with regard to her son. When Bertha asked her mother what provisions had been made in the will with regard to distribution of the estate, the mother replied that she had not forgotten Bertha.

The restaurant figured clearly in her daydreams. One of her favorite obsessions was the idea that a sign hanging over the entrance to a store might fall upon somebody after it had been touched inadvertently by the patient. This complex received a surprising solution. The sign in question was in reality that hanging over the restaurant of her mother. It carried her mother's name. It would have to be changed when a new owner (patient) would move in. It became clear that Bertha was waiting for her mother's death and that she was counting the days when the sign over the entrance to the restaurant would bear her own name instead of that of her mother. The restaurant was her fixed idea. In her thoughts, the nephew, who was in her way, was done away with. She also wanted to make the way free for her daughter. However, she was afraid that while in a state of insanity she

would carry out her criminal impulses and commit a mass murder of her competitors. Of course, insanity would give her an exculpating motive.

Analysis made headway despite the patient's resistance. The patient had a number of "good days," but after such days she felt as though she had not deserved them, as though she were a bad woman and had to atone for her sins.

Very often she reproached the analyst for having said something, or not having said something that was detrimental to the analysis. The treatment would have been successful if he hadn't said this or that, but now everything was useless, she would complain.

She was unable to tolerate a state of health—that is, life without obsessions. If nothing happened to upset her she created excitement herself. She would ask her daughter, for instance, whether she would live in Vienna if she were to marry a Viennese. When her daughter answered in the affirmative she was seized with fear that her daughter would leave her alone. In this way she kept incessantly operating the pumps of her emotions.

Throughout the analysis the material pointed towards the probability that the illness of the patient was a result of a sexual aggression she committed upon her father. It was difficult to decide whether this result of the analysis should have to be communicated to the patient directly. The feeling of guilt was present at any rate. When it was finally told to her she left the treatment, insulted.

At that time she was improved but not cured. It was not her phobias and obsessions that had originally brought her to the doctor, but her depression. The case was diagnosed as a melancholic condition. It included the fear of impoverishment, insomnia, anxiety, self-accusations, irritability, lack of decision, neglect in external appearance, etc. The case also presented a whole scale of phobias, obsessions and compulsions. They appeared synchronously with the depressions. Improvement affected both simultaneously.

In her symbolic language she used two idioms: that of the "hair" and that of "knocking down." In the latter the idea was that

an object (ladder, store-sign) which was knocked down by her would injure somebody.

The most annoying symbol in this respect was the ladder. It symbolized (a) the tabooed male genital (of her father); (b) the ladder of life, the rungs of which symbolize years of life; (c) the Heavenly ladder; and (d) the bridge leading from health to insanity.

The hair represented (a) a stagnant memory of her mother's habit of pulling her hair, and of the death wishes towards her mother; furthermore (b) it symbolized masturbation as well as (c) her contact with the pubic hair of her father; it had also (d) a connection with criminal thoughts, such as were represented in the poison complex. (The chain of associations between the hair and the poison complex ran over the poisonous hair-comb that Snow-white had used. Hair in the soup was as deadly as poison.) The act of transmitting hair itself had symbolic meaning. It represented infection, flirtation, and the committing of a criminal act. The hair complex was in the service of her ideas of omnipotence which included the highest and the lowest tendencies; it pictured her desire for faith, and at the same time was an expression of cursing against those who were in the way of her far-flung ambitious plans.

The patient never admitted the basic sexual experience. It remained a secret around which her neurosis was woven.

Chapter Twenty-three

*

SCHIZOPHRENIA AND COMPULSIVE NEUROSIS

Bleuler sees the difference between compulsive ideas and delusions in the fact that the compulsives fight against the ideas, while the deluded fight with the idea. At the height of the affect, obsessions may for a short time turn into indisputable delusions.

A PROBLEM FREQUENTLY discussed by psychiatrists is the nature of the relationship between compulsive ideas and delusions. It is not my task to cite the entire relevant literature. Westphal, the discoverer of compulsions, stated that there was no reason to assume that obsessions might turn into schizophrenia or delusions. Kraepelin, a great authority in this field, shares his opinion. Koch even sees an antagonism between compulsive neurosis and psychosis. Janet, on the other hand, observed 300 cases, of which twelve developed into psychoses, and two into hebephrenia.

Janet's cases, of course, cannot be regarded as valid proof. He presents no detailed case histories. Let us consider his Case No. 231, which he diagnosed as paranoia and doubting compulsion:

Case No. 73. The patient was a thirty-five-year-old woman, Ha., who was troubled by paranoid ideas. "Someone puts her to sleep in her room; someone pushes her in the back; someone forces her to pirouette. Someone also speaks to her through the door; strange voices mingle with her thoughts, distort her thoughts, so that they appear absurd. These voices also take her mind off her work by telling her absurd things, for instance, that her aunt is 130 years old. The voices insult her, they call her a whore, a slovenly wench, and threaten her that she will end at a hospital."

Janet diagnosed an incipient paranoia, which had not as yet systematized itself.

He observed the patient for some time. She has suffered from a doubting compulsion for many years. She is overly conscientious. For years she has been troubled by the thought that she did not work hard enough, she reproached herself for everything: "Will I be able to take care of myself? Won't I be discharged?" She also binds herself by vows in order to encourage herself to work harder. In addition, she has a tendency to conclude pacts with herself: if I do this or that, one or the other will happen . . .

This latter quality (neurotic pact or neurotic clause) is certainly characteristic of many compulsives. However, we shall encounter severe cases of schizophrenia which show the same mechanisms. Janet's case does not prove anything. It is probably a schizophrenia of the paranoid type, accompanied by obsessions.

We must keep in mind that it is very difficult, if not impossible, to examine compulsives thoroughly outside the analytic technique. This is the reason for the fact that so many diagnoses are incorrect. The schizophrenic as well as the compulsive has a remarkable ability to talk a great deal without touching upon the actual nature of his disease.

Janet complains about this and presents an excellent de-

scription of the difficulties involved in the treatment of compulsives :

"The precise description of the nature of obsessive ideas is more difficult than is generally assumed. These patients show an attitude and a manner of expression which is in accordance with their mental status, but which handicaps any psychological examination. No doubt! They are gentle, friendly, sufficiently intelligent, they have no temper outbursts, and they are not defiant; they do not present us with the confused descriptions of other neurotics, which impede every examination, but they find it very difficult to communicate their thoughts; they do so, only incompletely, in evasive terms and dark allusions. If they are pressed for more details, they become embarrassed, they hesitate, they themselves are unaware of what they are going through. They do not know what to discuss. Some of them laugh in embarrassment and ridicule themselves; others are ashamed and sad and ask that they not be questioned any further. *All of them refuse to give a clear and precise description of their condition.* They avoid the necessity to describe the nature of their complaints in writing. In spite of urgent requests, I was able to obtain only five written histories from two hundred compulsive patients, while the majority of other patients willingly placed a large number of manuscripts at my disposal. A woman patient comes to see me and asks that I reserve a great deal of time for her; she begins to talk, then she becomes restless and asks me to permit her to see me some other time. She returns, sobs, and reproaches herself for her inability to talk; she is desperate. She complains: 'I shall leave again without having told you what I wanted to say. It is so simple, yet I cannot put it into words.' I have to comfort her and to send her away. It took eighteen (!) months until she told me about her fixed idea."

This type of behavior applies to some cases of schizophrenia

as well as to compulsives. It is clear how difficult it is to make a diagnosis with such reserved patients. Schizophrenics as well as compulsives show a tendency to dissimulation.

Pilcz¹ came closer to the core of this problem and reached the following conclusions:

1. The genuine obsessive neurosis (Kraepelin) as a pathological unity must be sharply distinguished from symptomatic compulsive ideas.²

2. An obsessive neurosis never terminates in paranoia or paranoid schizophrenia, or in secondary insanity.

Lately, Kurt Schneider³ carefully examined several cases and reached the same conclusions as Pilcz. In the early stages of their disease, many schizophrenics are looked upon as compulsives.

I wish to draw attention to Schneider's outstanding work. The following is one of his cases:

Case No. 74. Walter B., a voluntary worker in a business firm, was born January 5, 1902. On November 8, 1921, he was referred to the Clinic for the first time for observation of his mental status. The patient's mother reported that his illness had started five years ago. Up to that time, he was a good pupil, but then he deteriorated, and later found it almost impossible to pass the grades. While he had formerly been overly conscientious in the way he worked, he was later unable to get anything done; he was also usually late for school, because it cost him such an effort to make up his mind to go there. He was afraid of dust; he always wiped off books as well as tables and chairs before he used them. The mother related that her husband's brother had been a queer, hypersensitive man who did not leave his house for many years. There were no other illnesses or peculiarities in the family.

B. himself stated that he had been doing well in school up to the

¹ *Obsessive Ideas and Psychoses*, Jahrb. f. Psych. u. Neur., Vol. 41, 1922.

² What I call obsessions.

³ *Compulsive States and Schizophrenia*, Arch. f. Psych. u. Nerv., 74:1, 1925.

age of thirteen. Then learning became difficult for him because he had to read everything twice; he always thought he had not properly grasped what he had been reading. He was very careful with his books and notebooks. When the other students threw their books around, he was always afraid that this might happen to his books, too. He could not turn the pages before blowing at them, because he was afraid that some dust might have settled in the grooves. Often he turned the pages back five times. He was also afraid that there might be dust and dirt in the pockets of his suit, and he frequently turned them inside out and brushed them. These states varied in severity. He had always felt that his actions were absurd and unnatural. At home, he had the uncomfortable feeling that he really did not belong there. It also upset him whenever the furniture did not stand close enough to the wall; on such occasions he would push the pieces against the wall with such force that they creaked. He had been treated by a hypnotist and in the beginning this treatment had been rather successful. For the past year and three quarters, he had been doing technical work in his father's business office but he did not get along well. He was interested in science, languages, history and sports.

The physical examination of the tall, nineteen year old boy did not reveal any significant facts. During his stay at the Clinic, he had several severe attacks of anxiety; he repeatedly had to open and close the door, blow the dust off his shoes, and it took him a long time to get dressed since he had to check everything carefully. There was a note on his chart to the effect that it was easy to establish contact with him and that he was able to converse about all sorts of things. He read many books and planned to study philosophy as a hobby. He was treated with hypnosis and improved markedly; he succeeded at least in being able to control his compulsive ideas. On September 30, 1922, the patient was discharged with the diagnosis "compulsive neurosis, phobia." He expected to become an apprentice at a book store.

On December 30, 1924, he was again admitted to the Clinic. His mother reported that in the past four weeks he had deteriorated physically and that his behavior had become increasingly

strange. He wanted to be an artist, play the piano, and read exciting books with the explanation that he had to have "experiences." In his search for adventures, he once spent an entire night in public places. He was insultingly impolite, then again obtrusive and submissive. His family did not know what to think of him. The other night they had observed him for half an hour as he jumped up and down on top of a table, banging small blocks of wood against each other. He also talked to himself, saying everything twice, first loudly, then softly. He was still employed at the book store, but they had been wanting to discharge him for some time already. Once he kissed a particularly "proper" girl there, without any provocation on her part. He had not shown much interest in the business and had been of little help.

B. himself said that he had worked as an apprentice at various book stores, and that he had been holding his last position for six months. He had been under the impression that he had done rather good work. He had given up his interest in philosophical matters and had now turned to music. Sometimes he had to think the same thoughts over and over again and he also had to inspect his clothes frequently to see if everything was alright. Often he had states of anxious unrest and then ran around. He thought that he had changed lately; he very much disliked to mix with people. His attitude toward religion, too, had become much more detached than it had been before.

During the first interview he sat stiffly in front of the physician; he was monosyllabic and every word had to be dragged out of him. It was extremely difficult to establish any contact with him. He did not appear to be at all troubled; there was something watchful in the expression of his eyes. This time he showed complete lack of interest in everything. After he had recovered from a catarrhalic icterus, he was discharged in the custody of his parents with the diagnosis schizophrenia on January 31, 1925.

In this case we saw a young man who underwent treatment at the age of nineteen because he was suffering from genuine obsessive ideas. He was regarded as a compulsive neurotic.

Three years later he developed schizophrenia, in which only remnants of the original obsessive ideas were present. In no way had they developed into delusions.

These cases were not analyzed. However, I am in a position to report on several analyzed cases.

The following case was published by Dr. H. W. Frink under the title "The Significance of a Delusion" in the *Psychoanalytic Review* (Vol. XIII, No. 1, 1926).

Case No. 75. The patient is a twenty-two year old college student who was at first treated for an obsession. During a football game he broke his nose. As a consequence of this accident, his nose was very slightly deformed. An operation corrected this defect, so that it was hardly noticeable anymore. (The patient later requested another operation, which is very typical of these cases.) He believes that since this accident the expression of his face changed. He thought that he had a "sour expression," that he looked like a "sissy," and that he had become a "mollycoddle." For this reason he asked his parents for permission to leave college, but as they refused, he simply ran away and took a job as an unskilled worker. Prior to the accident he had always been well.

At first he was treated as a compulsive neurotic. Frink regarded the case as so typical that he used him in his lecture to demonstrate the psychic mechanism of obsessions. It was later discovered that the patient suffered from paranoid schizophrenia.⁴

The patient is the only son of a well-to-do and reputable family. He has two sisters, one of whom is several years older, the other, four years younger than he. His father died a few years ago. *The mother married a second time a few months before the onset of the patient's illness.*

He was a fairly good student, but without any real interest in his studies. His hypersensitivity and his conceit made him unpopular. His teachers regarded him as malicious and undisciplined.

⁴ I believe that this type of diagnosis is made for want of a more definite expression. When we are unable to decide whether someone is suffering from a paranoia or a schizophrenia, we apply this mixed term, just as we use the designation "hystero-epilepsy."

Because he was the best football player in the school his rude manners were partly overlooked.

The patient was extremely fond of his father. Towards his mother and sisters he showed a hostile, contemptuous, and hyper-sensitive attitude. Frink does not mention a history of masturbation but he notes that the patient had intercourse with prostitutes and women of a similar type. *It is significant that he had never been in love.*

In the beginning of his treatment, the patient reported a dream upon which Frink bases his observations:

I made unsuccessful attempts to play a brasshorn or a bugle; the instrument was bent or broken. Several people, among them my mother and probably other members of my family, made fun of me. There was also a baby in the dream."

In his associations to the dream, the patient related a childhood experience, perhaps his earliest memory:

He sees himself in the period when his younger sister was still a baby. The members of his family stand around him and laugh at him. They make some remark about him which he cannot recall. He knows, however, that the remark had something to do with the jealousy which he had shown with regard to the baby sister.

This memory has indeed many things in common with the dream. In both situations he is being ridiculed by his family. At present, too, he is afraid of being laughed at because of the expression on his face.

Frink points out that there is an American phrase which is commonly used to denote jealousy: "His nose is out of joint." The patient is acquainted with this expression but does not remember if it was used by his family on that occasion. Thus the nose stands for jealousy. The broken nose is the nose which "is out of joint." The patient claims, however, that he has never been jealous. (Frink remarks that it is a matter of unconscious jealousy.)

Then follows the story of the broken nose. The patient entered college with the hope that he would soon become famous as a football player. On account of adverse circumstances and because of his arrogant manners, he was placed on the second team. There

he had to play against his rival on the first team, the one who had been preferred to him. Twice he played unfairly with the intention of injuring the rival. The coach rebuked him severely and punished him by not permitting him to participate in the game for some time. Then he was admitted to the first team in the important position of left halfback. He wanted to distinguish himself before the coach and played brilliantly, with greater force than ever before. In order to check another player, he threw himself against his knee; on that occasion, his nose was injured by the other's heel.

He was not allowed to play for some time. The physician forced him, against his will, to take a rest. *He could now pretend that he would have become the top player had he not been hurt.* But he gave up football altogether. He left college because his "nose was out of joint," because a rival had taken his place.

Frink regards the bugle as a penis symbol and emphasizes the importance of the castration complex (after all, the patient looks like a girl!) Moreover, at the time when the patient had the dream, he was suffering from gonorrhea for which his family severely criticized him. His horn was actually injured. "The loser is always laughed at."

The patient was unable to give any information about homosexual tendencies. He had never had homosexual experiences in his adolescence. Only two years after the completion of the first analysis the following incident concerning the patient was reported to Frink: The patient had voluntarily joined the army and was sent to a training camp. There his delusion developed: *The elevator boy had reported that the patient was a homosexual and that he had made advances to him.*

He now believed that the people in the camp knew about this slander. They avoided him, regarded him strangely, and made remarks about him. Eventually he discovered that a certain captain was at the source of the story. The patient applied to himself a remark which the captain had made to another officer and confronted him with the accusation. He was arrested and discharged as insane. The patient projected his delusion: "I think I am homosexual" on his environment: "They think I am a homosexual."

Frink then notes the strong fixation on the father (negative Oedipus complex) and assumes that the football coach was a father substitute before and for whom the patient wanted to distinguish himself in order to obtain his love. He again wanted to be the favorite child of his substitute father. The other rivals thus became sibling images.

Frink ascribes only an over-determinating meaning to the family constellation after the mother's second marriage. He assumes that the patient had expected to find a father-substitute in his stepfather. If this was the case, he was deeply disappointed. For the stepfather had a low opinion of him and made no attempt to hide it. His sisters, however, who, also, had not been very enthusiastic about the stepfather's arrival and regarded him in contrast to their father as a crude and uncivilized man, knew how to adjust themselves to the new situation. The patient and his stepfather became increasingly estranged. The patient went too far in his animosity and came into conflict with the entire family. He put himself in the wrong. Frink concludes: "Had he been on better terms with the stepfather and had he spared his family these conflicts, he would not have had to repress so many affects and the transference to the coach would never have become so strong; naturally, the subsequent disappointment would also have been less severe. We may attribute the outbreak of his illness to the fact that as an adult he experienced the same as he had as a child: his nose got out of joint."

Frink here makes the mistake of considering a minor episode as the main cause of the illness and, on the other hand, of overlooking the main cause. He complains that the treatment was entirely unsuccessful. The patient clung to his delusion even more defiantly than before.

Frink was equally unsuccessful with the other cases of dementia praecox which he treated. Naturally, he could not have success if he started the analysis at a false point. It was clear that in this case the most important symptom was the repressed jealousy. Was it repressed or annulled? I believe that the latter was the case. Unfortunately, no dreams are presented and we are given no insight

into the patient's masturbation fantasies. The case history is incomplete and is based solely upon the equation "nose=jealousy." But how could the patient ever believe that he was not jealous? Even his earliest memory shows that he was jealous of his younger sister and that he could not bear to share the parents', and especially the mother's, love with the new rival.

This is the crucial point. His strongest love was the one for the mother. His love for the father only served to overcompensate and retaliate for the apparent rejection by the mother. By his father's example he wanted to demonstrate: "This is the way I can love when one loves me." But his love for the mother must not be shown. He hid it behind a mask of hatred, contempt, and indifference. However, his irritability towards the mother and his sisters betrayed the true state of things.

The most severe trauma of his life which precipitated the psychosis, was the mother's second marriage. Had he hoped to advance from the second team to the first one and to replace the father? Was this hope the horn which called him to victories and which inspired him in his struggles? This hope was shattered by his mother's marriage. His quarrels with the stepfather were the consequences of his suppressed jealousy. This was his first and most painful defeat. And in this struggle against the stepfather he stood alone, with no allies.

It is most likely that during the football game a displacement of the affect had taken place. In the patient's irrational world, the goal of the football became the mother. The struggle with the rival was equated with the struggle against the stepfather. The traps he laid for his rival were laid for his stepfather. This is a good example of a secret clause, of a neurotic pact which could have been put into the following words: "*If I can win in this game, I will also win in the game against my stepfather.*"

In my opinion, the coach plays a minor role. He is a substitute for the stepfather rather than the father. The assumption that the patient expected a second father in his stepfather appears to be incorrect. Originally, his attitude regarding the intruder was cer-

tainly a hostile one and he provoked the stepfather's animosity by his arrogant behavior.

The role of a stepfather is an even more difficult one than that of a stepmother. In boys I have seen frequent instances of psychoses which were precipitated by the mother's second marriage. Similar reactions may be observed in girls when the father presents them with a stepmother.

I recall a case where the psychosis broke out when the mother became engaged.⁵

The psychic mechanism of his homosexuality must be understood on the same basis. Frink mentions that the patient had never been in love. This is nearly always a certain sign of a fixation on the family. It was evident that the contempt he showed for women was not genuine. After the mother's second marriage this contempt must have reached such a degree of intensity that he turned to men. Probably his gonorrhea contributed considerably to this fact. He rejected women and became abstinent. Here, too, a neurotic pact may have been in existence: "If I cannot have my mother (or one of my sisters), I don't want any other women."

The defiance is the psychic nucleus of his illness, defiance against the mother and against all women. Did he not have a feeling of inferiority regarding his genitals? Did he not bend and break his penis by masturbation like the instrument in his dream? Frink's analysis makes no mention of these factors. It is superficial because it ignores the most important motives.

We must assume that the exaggerated love for his mother constitutes the basic motive for his illness.

The bent bugle represents his love for the mother, his ability to love, generally. The mother and the baby appear in his dream

⁵ The mother reported that she had asked her twenty-one-year-old son whether he was satisfied with her choice of a second husband. He was enthusiastic. In the same way as our patient he pretended that he was not jealous. The annulment of the jealousy had serious consequences. The boy was committed to a sanitarium where he was given huge quantities of sedatives. He had a newspaper in his pocket. I asked him what it was. He said: "A gun." "Whom do you want to shoot?" "Him." I told the mother that she must break her engagement or that her son would become sick. She chose the former and the boy returned home cured after he had been broken of the addiction and been told of the dissolution of his mother's engagement.

so as to remind him of the time when he was still able to love his mother without resentment.

It seems that his psychosis broke out because the hatred and the murderous impulses against the stepfather were about to penetrate consciousness. (Did he join the Army so as to be able to kill?) He seems to have been dominated by a deep feeling of inferiority which made him appear ugly and comical to himself. The sour expression on his face appeared after his mother's marriage. He is no man, he is a "mollycoddle," a "sissy." He is no man! If he *were* one, he would have killed his stepfather long ago. He thought that his heart was of steel (brasshorn), but his masculinity had been broken. Once again he wanted to prove that he was a man. He became a soldier. However, within himself he knew that he would never use the weapon against his enemy. He felt that he was a woman. The captain became a symbol for the stepfather. He seems to have had a similar attitude regarding his analyst. The defiance against the stepfather turned into defiance against the analyst. I have established the following rule regarding the resistance in analysis: *The analysand directs the same resistance against the analyst which he once found in a beloved person.* The mother's resistance—as he saw it in his neurotic fantasy—her betrayal of his love, her unfaithfulness against his real father—all these affects had to be directed against the analyst in the form of defiance and distrust.

But how was it possible for him to annul this powerful jealousy which is expressed in his earliest memory? Obviously he could do so only by suppressing it and by directing all his affects at his nose. The broken nose was the mother's second marriage, the great disgrace that she should marry such a crude, uncivilized man after her distinguished and highly educated husband. All the world would laugh at the family! *The nose is the mother's second marriage.* "To operate the nose" is a substitute for "killing and castrating the stepfather." The broken horn is the destroyed reputation of his family, his father's good name, which he wanted to restore again in the football game.

In the polyphony of his thoughts, the obsession with the nose served the purpose of drowning all ugly thoughts regarding the mother. The horn of hatred is stronger than the violins of tender love. It had become impossible to drown these thoughts any longer. He could no longer pretend to himself that he was indifferent in regard to his mother. The middle-voices threatened to break through. He could maintain his fiction only by affectively reinforcing the dominant voice. Such a displacement of affects is already a psychosis.

What distinguishes an obsession from this delusion? Was this a compulsive neurosis which terminated in a psychosis, or had the psychosis always been present?

No! This illness was never a compulsive neurosis! The entire system which is the basis of compulsion is missing. There was present only a psychic mechanism which resembled an obsession. After all, every delusion is an obsession and every obsession a delusion. The absence of critical judgment is not the only decisive factor. We find that critical judgment is also lacking in genuine obsessions because the affect impairs the capacities of the intellect.

In the above case the system, the death clause, the other compulsions are missing. The only common factor is the mechanism of the displacement of the affect, the annulment. But while with compulsives the annulment is directed at some action or reality, generally, it seems that this patient annulled jealousy.

We have always distinguished such obsessions from compulsive ideas. Not every obsession is a compulsive idea. Another characteristic of compulsive neurosis is missing in the above case: the struggle against the compulsive idea. For this patient the compulsive idea has become reality and is inaccessible to criticism. In an analysis, one would have to deal with the healthy factors and, in the beginning, ignore the obsession. A direct attack on the obsession by the intellect only causes a more severe reaction of resistance.

These features are important in differential diagnosis, for an

analyst who understands the nature of genuine compulsions will not mistake schizophrenia or paranoia for compulsion.

It is incorrect to assert that a compulsive neurosis develops into schizophrenia when a pathological disposition is present. The psychic mechanism of schizophrenia differs from that of compulsion. The libido hypothesis is also invalid. It is easy, but wrong, to regard schizophrenia as a narcissistic psychosis. The compulsive is just as narcissistic as the schizophrenic. Either can establish transfer readily; it only *seems* as if the schizophrenic does not transfer his feelings. *He suffers from an affect block, because he suppressed an important affect (love and jealousy). This is a typical phenomenon of repression:* as a consequence, the other affects are also blocked. But this affect block manifests itself in explosions, too. Occasionally the affect must be discharged.

The schizophrenic denies transference because he denies love for his original love object which is represented by the analyst whom he treats in the same way as the seemingly indifferent object.

Other factors, however, are subject to annulment. A part-ego does not accept certain reality facts. They do not penetrate the depths of the psyche. The patient will also annul the analytic facts unless the analyst succeeds in resolving the affect block first. In compulsives, this affect block does not exist. On the contrary, they exaggerate their affects and annul certain realities only while they perform their compulsive actions.

It is important to note that the compulsive hears his counter-voice within himself, while the insane projects it onto the outside world. Auditory hallucinations also occur with compulsives, but they are recognized as such and regarded as illusions. Illusion becomes reality to the insane; reality turns into illusion to the compulsive.

In the case discussed by Frink, we can see that a part-ego of

the patient refuses to accept the fact of the mother's second marriage. Many persons are present in his dream, among them a baby, but the patient makes no mention of the stepfather. Or could the baby represent his fear that his mother might have another child? Is this the reason that his earliest memory, the scene at the cradle of the newborn sister, occurs to him?

The dream refuses to accept the fact of the marriage. The baby is there, but the stepfather has disappeared. We can clearly see the contrast. The love for his mother, and his jealousy are repressed, but the fact of the marriage is annulled. The entire complex regarding the marriage has been transferred to the nose. The broken nose is the product of annulment and repression. The nose complex drowns out the other complexes.

At this point we should, perhaps, again ask if there are any unconscious factors in dreams. Up to now, the situation has been pictured somewhat schematically. It was simply imagined that there were two layers: the conscious and the unconscious. The concepts of Janet and Freud have provided us with an heuristic principle on which we could easily proceed. The dream was the domain of the unconscious and, for the analyst, even the proof of the unconscious.

I have frequently emphasized that I regard thinking as a polyphonic process. The dominant voice drowns out the middle- and sub-voices. What we call the unconscious is actually not unconscious. It is situated in a middle-voice and is drowned out by the dominant voice and its counter-point. The unconscious is everything that has its sound made inaudible because it is drowned out by the dominant voice (the horn in the dream of Frink's patient). In the dream, there is no dominant voice. There, the middle-voices assert themselves. We are thus led to believe that the dream takes place in the unconscious. In repression, an idea is forcefully transposed into the middle-voices and is used as harmony or disharmony; in the annul-

ment, a dominant voice which would not let itself be pressed into the middle-voices, which could not become a minor character, is drowned out by a stronger instrument. The counter-voice is apparently silenced by a strengthening of the dominant voice, i.e., an increase of the affect. The dominant voice corresponds with the sense of reality, the middle-voice represents fiction. The compulsive can undo the annulment of reality, which takes place in his day dreams and during his compulsive actions, and return to reality. The insane has lost this capacity. He gets stuck in a certain phase of annulment. By way of ecphoria, he tries vainly to get rid of the dominant voice, to project it onto the outside world. The dissonance remains, and he seeks an escape in the acceptance of fiction and the annulment of reality. Jung compared the attacks of schizophrenics with explosions. It is only after the explosion that one can see what has been destroyed and what was saved. These explosions are explosions of affects, the roll of the kettle drums, which is supposed to drown out the rest of the orchestra. The leading melody, the continuous flow of thought, is abruptly broken off—the music of thinking turns into mere noise.

I have already emphasized that such monosymptomatic ideas which are usually tied up with strong feelings of inferiority, belong to the field of psychoses, or in a sort of no-man's land, which lies between the neuroses and the psychoses. The single compulsive idea serves to represent important complexes and, at the same time, to suppress other voices. The girl with the compulsive idea of the drooping breast (*Case No. 15*) was later found to be psychotic.

In my own practice, I have been able to observe four patients whose obsessive thoughts revolved around the nose, i.e., who were dominated by ideas such as that the nose was ugly, that they were laughed at because of its shape; that it needed a corrective operation, and the like. All these patients went from

physician to physician with the diagnosis of "compulsive idea" or "obsessional neurosis," but finally it was established that they were suffering from a psychosis.

Dr. W. Lippmann analyzed one of these cases for some time. A student of technical science was brought to me by his father because the idea that he had an ugly nose even prevented his son from studying. The analysis proceeded with great difficulty. The patient was deceitful, cruel and cold in his feelings (affect block). As is usual with most of these patients, it was impossible to induce him to associate freely. We have some of this patient's drunken speeches, which are distinguished from similar products only by their utter dullness. He also presented a number of drawings which were supposed to picture someone wedged between the thighs of a giant woman, and anilingus. The illness showed an obvious connection with the father, upon whom he wanted to revenge himself by being sick. Since childhood, the patient had been afraid of growing and of becoming stronger than his father. The symbolism of the nose was exceedingly involved. The patient was afraid of being regarded as a Czech. He probably meant: as a Jew. He reported that a Jewish editor, his father's superior, once wanted to seduce his mother. He was afraid that he might descend from a Jew. Dr. Lippmann made the following diagnosis: the patient was a degenerative psychopath, close to paranoid schizophrenia.

Another patient from the no-man's land . . . Unfortunately I was unable to obtain a catamnesis of this case.

Case No. 76. The second nose patient whom I observed, was a twenty-five year old medical student who complained about the extraordinary size and ugliness of his nose. (His nose was normal, while the patient described above actually had an unsightly, bulbous nose.) In recent years, this nose complex had become very severe and had overshadowed all other interests, so that the patient, who was deeply depressed, was unable to attend any lectures. He

thought that people stared and laughed at him, and that they made remarks about him behind his back. He remained in analysis for only four days. In the very first session he related his suspicion that he might be of Jewish extraction, an idea which was most unpleasant for him since he was a Nazi. (Similar ideas were expressed by the patient described above.) He did not suspect his mother of marital infidelity, but thought that there must have been a Jew among his ancestors. (Modification of the doubt: am I my father's son?) In the second session, the person of a Jewish family physician appeared in a dream:

My mother is sick in bed. Our family physician, Dr. G., sits by her, holds her hands and talks encouragingly. I enter the room and ask: 'Where is father!' Mother looks at me suspiciously. 'Why do you ask?' There is a lot of noise outside. Russians are coming, among them my friend Ernst. They want to start a pogrom. I am not sure whether I should save Dr. G. I leave the room and lock the door so that the Russians won't be able to get in.

I cautiously inquire after the physician. The patient obviously evades my questions but admits that even as a child he had been jealous; it was very unpleasant for him when the doctor was with the mother in her bedroom and he was not permitted to come in.

In the fourth session, the patient tells me that he once experienced a terrible shock which precipitated the illness. However, he could not discuss it. He would never tell me about it. I indicate that under these circumstances the analysis was useless. He departs, very amiably and obviously relieved to escape the treatment, which had been undertaken upon his mother's request. A few days later, the mother came to see me. She wanted to ask me if there was a connection between an experience her son had had and his illness. It happened eight years ago, when the patient was seventeen. During the summer, they stayed in the country. Her son had invited his friend Ernst to spend the summer with them in their country house. She had always been attracted by young men. Ernst became her lover. They met in the woods, at a little hunting house. One day, they were both naked in bed when, to her horror, her son entered the room. He had used his father's key. He im-

mediately left the room. His friend went home the following day. For a long time, mother and son did not mention this incident. Then his mother told the boy that she was unhappy in her marriage and that she had a great need for love. She confided to her son her love for Ernst. What surprised him most was the fact that the father knew about this liaison and that he had even favored it. Subsequently, the affair was continued. The son remained Ernst's friend, knowing that he was his mother's lover. What had upset the mother was the fact that her son had confessed to her that since the incident in the country he had been tormented by incestuous desires.

I have lost track of mother and son.

I witnessed a similar family tragedy when I treated a young schizophrenic who had surprised his youthful stepmother with her lover. He came to me for treatment, obsessed with ideas that he was ugly, that people ridiculed him, that he had a peculiar face. He was brought to me by his stepmother who, having been analyzed for some time, realized that her son's conflicts were based on incestuous wishes. She asked me the strange question whether I thought that the boy might be cured by intercourse with her. I warned her of the grave consequences of such a step. While her son was in analysis, the woman urgently demanded a few analytic sessions. She told me of peculiar circumstances at home, that she had discussed sex frankly with the boy, that they had bathed together up to two years ago, etc.

A week later, she suddenly telephoned me to cancel her appointment. She had to leave the city at once. Her son came the next day. He was very confused and completely unable to talk. I suspected what had happened. When the boy could not be induced to speak after eight sessions, I had to discontinue the treatment. He uttered only the following sentence: "You may think anything you want to. I shall say no more."

I have lost sight of these people also.

The following is a small, but very characteristic, observation I made: Fourteen-year-old Albert N. suffers from the obsession that he has a large, ugly nose. Actually, his nose is small and nicely formed. He is the normal child of normal parents. But his mother lives in a common law marriage with the man of her choice, after she was divorced from her husband. Albert is ashamed that his mother is not married, and transfers this complex to his nose.

I could report on numerous such patients. However, I was able to observe them for only brief periods, because they quickly broke off the analysis. Some complained of a "sour" expression on their face, some of the peculiar shape of their eyes, others of a premature loss of hair, or a strange gait. In all these cases, a sense of psychic inferiority was shifted to the physical sphere. We were dealing with symbolizations and somatizations of inner conflicts. The affect was displaced from the unbearable (invisible) ideas, which concerned the family, to a visible part of the body. The formula, which these patients had in common, was the following: *one can tell my disgrace by looking at me*. There is also a secret behind this type of illness. This secret may be the reason why these patients avoid analytic treatment, or why they are such complete failures in analysis.

We define the patient's pre-disposition as the *endogenous*, and the trauma as the *exogenous* factor. The question now arises: to what extent do exogenous factors participate in the development of schizophrenia?

In his paper, *Endogenous Psychoses (Especially Schizophrenia) and Their Origin*,⁶ Dr. E. Rubensohn observes:

⁶ Mediz. Klinik, No. 5, 1927. In this report there are also numerous references to the literature relating to the importance of psychic factors in the development of a psychosis. These are based chiefly on experiences during the war.

"Only future research will be able to establish clearly the origin and the pathology of these psychoses which, up to now, we have called endogen, and which occurred 'fatefully.' Recent reports prove that the origin of mental diseases need not necessarily be genuine, but, rather, that they may be caused by external influences of a physical and, particularly, of a psychic nature. Dementia praecox no longer occupies special position among these mental diseases in this respect; it also may be caused, or at least precipitated, by fright, the effect of war experiences, etc. The illness may be of many years' standing, until it is fully developed."

These war experiences have taught us that up to now we have underestimated the psychic (exogenous) factors.

I have not had much personal experience with regard to the relation between constitution and schizophrenia. Hans W. Maier also observes: "We are not yet in a position to tell to what extent the schizothyme type of the normal individual, with its attributes of the asthenic, dyplastic, athletic, etc., body build can be maintained, even though these ideas certainly had a great, stimulating effect."

Yet the Zurich group holds the view that there is an organic disposition to schizophrenia. Maier states:

"From the standpoint of clinical psychiatry, it must be emphasized that in genuine cases of this illness we are dealing with a peculiar organic disturbance of the organism. The pathological findings in the brain in this connection can certainly not, as yet, be regarded as definite proof, but continuous progress is made in this direction. In severe cases, the occurrence of typical changes in the brain may thus become an established fact in the not too distant future. Other organic disturbances, e.g., of the metabolism, inner secretion, and the autonomous nervous system, probably also play an important role, accompanying, or even substituting for the brain disturbance. It

must be assumed that the primary, psychic manifestations, which Bleuler stressed, are connected with these organic changes, for they do not show any particular capacity for degeneration, while the accessory, secondary symptoms may always disappear again."

However, this organic disposition does not explain why the schizophrenic process takes place. Thanks to Bleuler's untiring scientific spirit, we are able to substitute the psychologically correct expression "schizophrenia" for the unfitting designation "dementia praecox" (unfitting, because frequently the disease is in no way "praecox"). According to Bleuler, the schizophrenic personality loses its uniform character; a disintegration of the psychic functions takes place; the co-operation between its various parts becomes insufficient. In my language, I would express it in such a way that one part-ego either isolates itself completely from the total personality, or that it overwhelms it. In retrospect it seems that in our last case (No. 77) the events which had to lead to a depreciation of the mother were somehow isolated by annulment. The split in the personality develops in the schizophrenic in the same manner as it does in the compulsive. For this reason the early stages of the two diseases may resemble each other. Perhaps constitution is the decisive factor, perhaps the severity of the traumatic experience. The system as such is no decisive factor in the diagnosis and Maier correctly states: "In my opinion, it is a fact that the psychological structure of the schizophrenic symptom is frequently identical with the logical reasoning of the neurotic or normal individual." This is certainly clearly expressed. But the decisive factor is still whether the patient reacts with annulment, repression, or somatization.

Maier presents a typical example:

Case No. 78. A young man who has had a schizoid attitude since childhood, shows in the course of the third decade of his life an increasing autism. He has a love affair with a girl who causes him relatively great expenses, who is irresponsible, and who often treats him badly. He is unable to leave her and gradually becomes deeper and deeper involved in a dependency upon her, accompanied by a somewhat masochistic attitude. Simultaneously, a change in his personality, consistent with a latent schizophrenia state, occurs. Originally, his parents were strongly opposed to his marriage with this girl, but they finally agreed to it, against their will. The date for the wedding is set. At that time, a division occurs in the patient's strivings. On the one hand, he wants to get married, but on the other hand he realizes how justified his parents' opposition is against this union. Thus he prepares for a flight into foreign countries in a typically autistic, impossible manner. The date he has set for his flight approaches. Suddenly, while he is at work, the thought occurs to him that he could beat his parents to death with his sledge hammer. During his lunch hour he goes home and, although he has never shown any tendency to cruelty and has always been regarded as a sensitive boy, afraid of blood, he smashes first his mother's, then his father's skull with the sledge hammer. Then he eats his meal beside the corpses. Afterwards, he returns to his place of work. The next day, he is arrested with his fiancée, who had no knowledge of what had happened. Immediately after his arrest, he expressed ideas of salvation and began to talk about his mission as the Savior. When he was referred to an insane asylum for observation, he developed these primordial delusions into a clearly schizophrenic paranoia, partly utilizing ideas of another patient. For several years he remained in bed as a kind of Savior; he grew a beard resembling Christ's and refused to get dressed or to do any work. He completely excluded his entire previous life, his name, and his crime from consciousness. After this state had lasted for almost three years, he gradually became more social again; he was slowly trained to help in caring for the other patients, and thus worked for a considerable period as an excellent nurse's aide; he also wore clothes

again and only demanded that at least to his vest a button be attached with a lock, which he was unable to open, so as to prove that he was dressing only against his will. Even now, after almost five years, he consequently asserts that he is not identical with the murderer of his parents and that he is destined only for religious tasks.

I do not wish to discuss the psychology of this case. But we can clearly see the process of annulment. The patient is not the killer, he is not the cannibal—he is a saint, he could not have committed the crime. The pendulum swings in the other direction.

A similar mechanism is active when the person must behave who has only passively experienced scenes, the complete acceptance of which would upset his entire attitude regarding the world and the family.

There certainly are powerful experiences the mastery of which would require a tremendous inner strength. I am thinking especially of a case of schizophrenia where the patient maintained a catatonic position of defense by which he clearly indicated that there was something he did not want to accept. (Catatonia is the rigid gesture of memory, in contrast to the compulsive action, which represents a mobile gesture of memory.) Before the catatonic state set in, the patient was obviously inhibited. He wanted to say something and could not say it. I saw the patient only twice, but I analyzed one of his three sisters. She was the daughter of a reputable man who was a church warden in an Anglican Church community, and who was very popular in the small town because of his impeccable conduct. In her analysis, his daughter admitted that the tyrannical father had had intercourse with her as well as with her two sisters. All three of the girls remained unmarried. With the exception of some neurotic features, they were mentally well. The brother, who had perhaps witnessed some of the scenes, developed schizophrenia at the age of seventeen. His illness at first manifested itself in outbursts of rage directed against the father. The illness broke out shortly after an incident, which took place in the presence of all members of the family (including the mother). One of the girls, Susan, the father's favorite, had bought herself

one of those light novels which, in America, are only secretly passed along. The father saw the book and was furious. "Give me the book! I forbid you to read such books!" Susan turned against her father, with flaming eyes. "You have no right to forbid me to do anything! If you say another word, I'll run out into the street and shout your disgrace into your neighbor's ears, so that the whole town will know about it!" The father went pale, and silently left the room.

Shortly after this episode, the boy developed the first schizophrenic symptoms. Every member of the family, including the mother, who had never had the courage to stand up against the tyrannical father, realized the implications of this scene.

Shall we base everything on endogenous factors? Could any psychologically experienced psychiatrist believe that such terrible realizations could not cause confusion in a youthful brain?

In conclusion, I wish to present one of Janet's cases, which fits into this discussion:

*Case No. 79.*⁷ The 26-year-old patient, Mrs. Ssa., was referred to our department two months ago. At first, we were unable to interpret the clinical picture which she presented. It was impossible for her to walk or to move; she had to be carried on a stretcher; she gave only incomplete explanations of her condition, and was in a state of delirium.

"Ssa. claimed that she was in heaven. She was not on earth. She expected her spiritual father and explained that she could not do anything unless he were there. She directly conversed with God, who told her to wait patiently. For several days, she lay motionless on her bed and even refused to accept food. A fortunate coincidence enabled us to guide her. She continuously repeated that she would only obey her *little* father. I told her that I was her little father. She reacted immediately. 'All right,' she said, 'you represent him and I shall do whatever you say.' I told her to walk, to eat, to help with the work in the ward. From this moment on, she be-

⁷ (Observation 230, l.c., *Délire systématique, érotique and mystique. Confusion du rêve et de la réalité.*)

haved perfectly, while she kept on repeating to herself: 'My little father has told me to do it; I do whatever my little father wants.' But she was still under the influence of a complex delirium. She claimed to be Geneviève (!) D., and that she did not know her real name. She believed that she was the daughter of a Mr. D. and his wife. Mr. D. was the brother of a priest, Father D., whom she loved passionately. She really believed that she was Father D.'s daughter, but for the sake of discretion said that she was only his niece. In her deliria, she was in Heaven and experienced a feeling of infinite bliss when her spiritual father (*père spirituel*), whom she called her little Jesus, caressed her. Then she was immortal, she would never suffer again, she would not die.

"I considered the diagnosis of paranoia. However, I recalled a similar case, which I had recognized as a dream-state, and which had quickly resolved itself. I learned interesting details about the patient Ssa. Her father was a strange man who lived in seclusion. The child was very unhappy, found little affection at home, and was frequently beaten for her mistakes. She was lazy and vain and demanded continuous attention, encouragement, and guidance, as do all these patients.

"She asserted that her father had very often abused her."⁸

Janet provides the following psychological explanation for this case: The patient, who was unhappy and upset by her father's actions, was troubled by severe scruples and tried to relieve herself by frequent confession. The priest pitied the poor girl, suggested that she separate from her father, and also gave her other good advice. Her disgrace, her self-accusations, and her attachment to the priest upset her to such a degree that she developed the delirium described above. This delirium resembled a mental confusion. She had erotic and mystic hallucinations, she interpreted all her actions in a religious-symbolic sense. After these deliria had subsided, she could remember them: "I felt God's mercy because I brushed my teeth in the bathroom. I saw myself embalmed in a church, I saw the catafalque. God spoke to me; he assured me that I would live and be happy." Janet remarks that such deliria do not

⁸ Janet's investigation verified these assertions.

infrequently occur with overly conscientious compulsives. (I cannot share this opinion. I believe that these deliria indicate the presence of a mild schizophrenia.)

The delirium has subsided, but the patient developed a state of severe abulia. She does not know what she wants, she can no longer think what she wants to.

Janet regards the delirium as a dream-state and cites a number of similar examples. He expects complete recovery!

We would consider that this was a case of a neurotic (hysterical) delirium. There can be no question of paranoia in this case. This hysterical delirium, which is clinically not always sharply distinguished from an amentia, is the consequence of a great, psychic shock. In this case, there is the conflict between religious inhibitions and the love for the father, who made his child sexually dependent upon himself. Janet overlooks the fact that the derilium broke out when the priest separated the patient from her father. Previously, she had acted in the same way as many other devout Catholics: she sinned and tried to relieve herself of her sin by confession, so as to be able to sin again. For this patient there could be no solution of her conflict. She has now lost her willpower because she struggles against the impulse to return home and to surrender again to the father. The father blends with God, with Jesus, and the little father, into a single unity. (The little father: the phallic symbol of the big father.) And she no longer is her father's child; she is the daughter of Mr. D.

In this case, we see a flight from reality into a dream-state. But in this dream she has erotic delusions in which she is united in a mystical way with her father-substitute. The frequent repetition of incestuous relations with her father probably prevented the annulment of the incest by repression. Instead, she annulled the fact that he was her father. The intercourse no longer constituted incest. Only the complete annulment of the father-reality, the transformation of the father into the "little father," into God, into Jesus, enabled her to continue her sexual relations with him in her delirium.

Ssa. loves and desires her father. The strict father ties his chil-

dren to him forever.⁹ In this case, the fact that incestuous relations actually took place was added. Ssa. will never be able to resolve the conflict caused by her father, and it will probably destroy her.

I have been able to observe a similar case. (Incidentally, *Case No. 67* showed similar features. It ended with the daughter's losing her mind completely.) A young woman was afflicted with a psychosis after a miscarriage. She was pursued by hallucinations. She always saw a woman under her bed. Catamnesticly, we could establish that the patient had noticed during her convalescence that her husband had started an affair with her mother. After the delirium had subsided, there was complete amnesia as to this incident. This first attack was cleared up only fifteen years later in connection with a relapse of the patient's other neurotic symptoms.

There are certain psychic upheavals for which a healthy constitution is a prerequisite. Individuals react differently to these traumata. One person overcomes them, another suffers from them throughout his life, still another flees into insanity because he cannot bear the truth.

The most severe trauma is probably caused by the necessity to feel contempt for persons whom one should respect. There also exists something like a "Götterdämmerung" of the soul, in which the old world collapses and buries everything beneath its ruins.

⁹ See the chapter "The Resolution of the Incest Complex."

Chapter Twenty-four

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ANALYTIC NOTES ON IBSEN'S "PEER GYNT"

THE ROOTS OF DOUBT ¹

THE RELATIONSHIP BETWEEN dream and fiction, which I attempted to demonstrate in my book *The Dreams of the Poets*,² enables us to analyze the gigantic drama, *Peer Gynt*, as a dream in accordance with the rules of dream interpretation. In connection with *Peer Gynt*, we automatically think of Grillparzer's great, autobiographical work, *The Dream A Life*. In my *Fiction and Neurosis*, I interpreted Grillparzer's drama as a warning of the ideal ego regarding the temptations of the instincts, and emphasized its relation to the poet's own experiences. In both works, their creators confront themselves as their own judges with a mirror reflecting their soul and attempt to find a way out of the chaos of passions. According to Freud, dreams represent wish-fulfillment. This is true only for certain types of dreams. In most cases, dreams illustrate how the soul, oppressed by the primal passions, struggles to escape the hell

¹ Published in *Fortschritte der Sexualwissenschaft und Psychoanalyse*, Vol. II, 1926, I. F. Deuticke, Leipzig and Vienna.

² I. F. Bergmann, Wiesbaden.

of the instincts; how it searches for a road leading to the pure regions of insight, and to an ideal aim in life. The dream warns and advises, it attempts with infinite patience to solve the actual conflicts and shows a prospective tendency by surmounting the various obstacles which prevent the achievement of the ideal goal.

Peer Gynt, too, betrays in every line the poet's struggle for peace with himself and shows us his conflicts caused by the demands of his ideal ego. Everyone is dominated by bipolar tendencies. Love and hate, the need for freedom and the need for dependency, the sexual conscience and the sexual imperative (which demands fulfillment of the most secret wishes), polygamous and monogamous strivings, homosexual and heterosexual tendencies, the need for change (hunger for stimuli) and inertia (conservatism), the "will for power" and the "will for submission"—all struggle for mastery over the psyche.

Doubt is the endopsychic recognition of this polarity. Reich rightly calls Ibsen the poet of doubt. Ibsen defines as the incarnation of a doubter the man who doubts his own doubts. The doubter seeks *one* static point in the multitude of changing worlds, he seeks *some* kind of faith (also the faith in himself). The dogma is the end of doubt. This dogma may come from within or without, it may manifest itself as belief in God, in human nature, in love, or in oneself.

Peer Gynt is completely *unstable*. He cannot believe in anything. He even doubts his unbelief. Solveig must be regarded as his opposite, the *personification of unswerving faith*, of lasting love, and stability. We must consider Solveig as the poet's ideal, the demand of the ideal ego, which follows him throughout his life, while he searches and falls, strives and errs. She is the admonishing voice of conscience, which Maupassant has described so movingly in his diary, "Sur l'eau."

Ibsen's attitude regarding his homeland is also bipolar. He

changes from a nationalist to a cosmopolitan. But Norway remains his beloved mother, the eternal aim for which he yearns. Solveig's song is the song of the homeland which he always hears and which bids him to return. He knows that in his old age he will come back to Norway and that he will be buried in Norwegian earth. Aase is the old, Solveig the young Norway. He loves both (even if he rejects them, for hate is only a form of love) and he knows that they both love him. In *Peer Gynt* Ibsen foresees his future fate. He returns, and his country affectionately welcomes him back as its son. This explains the puzzling words which Peer Gynt says to Solveig: "A mother has fallen in love with her child." And he calls out to Solveig: "Mother and wife! You stainless woman! Oh, hide me, hide me in your love!" Thus the circle of his life draws to a close. He returns to his starting point.

Solveig is not only his conscience, love, faith, and the homeland. She is also the Norwegian muse, immortality. We can understand Peer Gynt only when we regard this drama also as the expression of Ibsen's struggle for immortality, and of his competition with Goethe, whose *Faust* he quotes in a rather offhand manner. ("A noted writer says: 'The eternal feminine draws us on.'") Reich is justified when he says: "The outstanding characteristic of the Nordic poet is his pleasure in competition." He competed not only with Goethe. His entire life was a struggle with Björnson. This is the reason why I regard the blacksmith Aslak as the symbol of "the stronger one." In the period when Ibsen conceived the drama, this "stronger one" was Björnson.

To Ibsen, creation was a struggle with the muse, who in *Peer Gynt* is always represented as a woman. A poet is a dreamer who is capable of transforming into dramatic structures the castles he has built in the air. Peer Gynt is the dreamer who was ridiculed, who was defeated, by Aslak. Now he wants

to prove with his poetic achievements that he is more than merely a no-good dreamer. He easily succeeds where the impotent Bridegroom (the weak poet) fails. Without effort he climbs with Ingrid, the bride, over the most rugged mountain-side. Because of this, his country outlaws him. (This is probably a reference to the *Comedy of Love*, which shocked all Norway). But he quickly leaves the bride he had won so easily. After the three Cowherd Girls (three unsuccessful plays) comes the Woman in Green. With her he conceives an Ugly Urchin, probably representing a play which was a failure. The memory of this unsuccessful creation disturbs his relationship with Solveig. The Woman in Green takes him to the Troll King who wants to transform him into an animal. All commentators have stressed the relation of the troll-scenes to the base passions within the poet. The Troll King wants to remove Peer Gynt's right eye and to change his left one. He shall no longer see the world double (bipolar). I refer to the many duplications in the play: The mother, Aase, and Solveig; the kindly priest who holds the sermon at the funeral and the priest pictured as the devil (the Thin Person in the attire of a priest). However, the poet wants to preserve for himself the pure sight of his "right" eye. He leaves the land of the trolls after fighting the Great Boyg, from whom he was saved only by the power of faith (ringing of church bells and sacred songs). As in *Faust*, the devil is here a personification of the second ego, of "the other one." He is = to "Myself." The ringing of the bells comes out of Peer Gynt's own heart (an interesting parallel to Gerhart Hauptmann's *The Submerged Bell*). But the Great Boyg also represents homosexuality. It is easy to prove, with reference to Luther, how his homosexual strivings always appeared as the devil projected on the outside world. This is the reason so many of his visions of the devil were seen while he was in the privy. Mephisto personifies similar tendencies.

All doubters suffer from this sexual bipolarity. They are half man and half woman; they doubt their masculinity. The Boyg whom the poet was to defeat could not hurt him. "He was too strong. *There were women behind him.*" Indulgence in heterosexuality may save one from homosexuality. I have also proved that Don Juan is a latent homosexual who has taken refuge from the masculine in the eternal feminine.

In the same way as Ibsen fled from the cold North to Rome and Sorrento, Peer Gynt wanders to the South after the episode in America. There he sold Gods to China but satisfied his religious conscience by dispatching missionaries at the same time. His money complex (which itself would be worthy of discussion), his belief in his great historic mission (transformation of the desert into a sea—the desert of the heart covered with fertilizing conscience), the belief in his powers as a prophet, are presented in translucent pictures. The Memnon Statue is again a counter part to Solveig's song. Even the lost one may rise to the greatest heights ("from the demi-god's ashes arise newborn singing birds"). He has again escaped lewd sensuality (Anitra the woman, the Southern muse—a forethought to *The Emperor and the Galilaeans*). The Sphinx, however, in its enigmatic heterogeneity, reminds him of his unfortunate bisexuality. The Sphinx is the counterpart to the Great Boyg. In the same way, the Memnon Statue wants to make him one-eyed just as the Troll King because it wants to destroy his enjoyment in the pleasures of the present. But Peer Gynt says about the Sphinx: "It's the Boyg, if you please, whose skull I cracked . . . The selfsame eyes, the selfsame lips! . . . Well, Boyg, old fellow, you're like a lion, seen from behind and in the day light!"

Again we see here the prospective tendency of the drama. Ibsen becomes the prophet of the new world, the Nordic Sphinx, who gives "future masters of the art of interpretation"

hard nuts to crack. (We already know, after the first act, that it is the devil who is in the nut.)

But the dream shows the poet the impossibility and futility of his plans. Where do they lead him? To the madhouse. But is not the whole world a madhouse when man's senseless activities are observed from a higher platform? Those who consider themselves the most intelligent are those closest to madness...

Peer Gynt, the gigantic dream of the poet, fulfills his mission as a warner and adviser, as an interpreter and leader. He takes the poet back to his home land. In the fight with the Cook and in the man who cuts off his finger so as to avoid serving his country (castration complex) he again confronts Ibsen with the baseness of his soul. Is not he himself the coward who has deprived his country (Norway) of himself? Has he not mutilated and castrated himself? (He says about the man without the finger: "...his voice was weak, his bearings scarcely manly; he had no strength of mind nor much decision.") *Peer Gynt* calls him a "congenial spirit."

Thus the relentless self-examination, the cruel self-judgment, continue. He finds that his core is worthless. It cannot remain like that, it must be transformed. *Peer Gynt* himself was a button-moulder. He now undertakes the difficult task of remoulding his ego in the fire of suffering and creation. He wants to be religious again. ("Now, after all, I should take up the Bible!") He must return to the source of his strength, his homeland. ("The greyhead seeks again protection at his mother's breast.") His homeland has remained true to him. He is Norway's foremost poet. The duel with Björnson has been decided in his favor. There were two "Pretenders to the Crown." Now there is only one Emperor. (How Ibsen must have hated his Nordic rival. Goethe says: "From envy we escape most safely into love." Ibsen, too, took refuge in love. His hate was only the negative expression of love.

On Ibsen's seventy-fifth birthday, Björnson came to congratulate him. He embraced him with tears in his eyes and spoke the memorable words: "You are the one I have loved most." Their love for each other was so deep that it was possible for Ibsen's son Sigrid to wed Björnson's daughter, Bergliot. Thus the masculine and the feminine principle were united and the repressed longing found a live expression. Aslak, the blacksmith, and Peer Gynt became one . . .

It would be interesting to uncover the roots of Ibsen's doubt. What makes a person a doubter?

This question is answered fully by the findings of psychoanalysis.

Doubt is a complex phenomenon. It shows different roots, often a confluence of various motives. I shall name only the most important ones:

1. *Doubt in one's sex.* (Am I a man or a woman?) Expression of a pronounced bi-sexuality.

2. *Doubt in love.* (Bipolar arrangement of love and hate with a simultaneous awareness of both components.) This state is often caused by the fact that two persons having to do with its education, competed for the child's love. (Mother and nurse, mother and aunt, mother and grandmother, mother and mother-in-law, mother and maid, etc.)

3. *Doubt in Reality as the result of the repression of an actual experience.* (A psychic trauma is repressed; it is no longer accessible for consciousness. A reality was devaluated to a dream. Consequently, every reality is affected by the tendency to devalue it.)

4. *Doubt in one's origin.* (Am I my father's son?) Most important root of doubt. *Pater semper incertus est.* The doubt: Am I my mother's son? occurs far more rarely.

Which of these factors are relevant to Ibsen? His bi-sexuality is clearly expressed, also the doubt in his masculinity. We

could also find proof for a number of other doubts, particularly the doubt in the paternity. This would lead too far.

I wish to point out the roots only, and leave to others the task of establishing proof. Perhaps it would be interesting to draw a parallel between Hamlet and Peer Gynt. Hamlet's doubt in his origin is illustrated with powerful logic. This is the reason why Hamlet cannot act "in his father's spirit." For who could vouch that Hamlet is not his uncle's son if his mother was intimate with him before the father's death? Thus, Hamlet would kill his own father if he were to take revenge on his uncle for the death of his official father.

This fact explains Hamlet's doubt and sheds new light on the great tragedy. The Freudians attempted to explain Hamlet's dilemma with the Oedipus complex. I am certain that in "Hamlet" the presence of an Oedipus complex can be established. This does not, however, provide an explanation for the doubt.

In *Peer Gynt*, the Button-Moulder (the counterpart to the Grave-digger in "Hamlet") appears in order to give Peer Gynt a new form, to re-mould him. There are also indications of betrayal in the scene at the coffin of the dead (the betrayer of the fatherland). In both works, we find references to the madness to which introversion and doubt may lead. In Hamlet, the father is glorified (over-compensation), in *Peer Gynt*, he is devaluated. Solveig and Ophelia provide another parallel.

An interpretation of Shakespeare's play from the standpoint of the father-son relationship would be a thankful task for an analytically trained historian of literature.³

A similar task could be undertaken with regard to Ibsen. In *Peer Gynt*, the father-problem is so evident that the various father-substitutes can be detected easily and presented as the

³ This work might lead to important conclusions regarding the Bacon hypothesis.

antithesis of different tendencies. Since my time is taken up by other tasks, I can give only these aphoristic hints.

I have merely put down some of the thoughts which occurred to me while reading *Peer Gynt*. Perhaps others have already written about or indicated them. I am not acquainted with all the literature concerning Ibsen. I hope, however, that one or the other of my thoughts has shed some light on some of the dark passages of this powerful drama.

Chapter Twenty-five



SUMMARY AND CONCLUSIONS

*I obey Nature in everything and would never
presume to command it.*

RODIN

OUR PRESENTATION of the various types of compulsion has come to an end. I believe that every one of my readers must be deeply moved by this display of human suffering and infinite loneliness. It would be erroneous to assume that the material of our studies has dealt only with exceptions, picked from the multitude of neurotic peculiarities. Compulsion is a widespread epidemic of the psyche. We see only a small number of these patients. Most compulsives conceal their illness; they endure a terrible struggle with the savage demons of their disorder so as to be able to maintain their social position and, at the same time, to keep the secret of their disease. How many people must be afflicted with this illness if I, alone, had the opportunity to see so many of them! And I have related in this book no more than one tenth of my observations—not to speak of the many hundreds of persons who consulted me only once or who asked my advice in writing.

The percentage of compulsives must be a high one. I esti-

mate that between two and three percent of all individuals are compulsives. This would mean that there are almost a million of them in Germany and Austria alone. Of course, I am including in this estimate the milder cases, while the most severe cases would probably amount to about two hundred thousand.

I am convinced that the incidence of this disease has increased enormously in the past years and that it is still on the upgrade. Almost every third patient who comes to see me is a compulsive, while a few years ago only every tenth or twentieth patient was one. This trend definitely points to an origin in social conditions which it will now be our task to trace on the basis of experience.

It is obvious that the World War could not but affect the mentality of individuals. Compulsive neurosis belongs to those destructive social phenomena which we have come to know in the most varying and frightening forms as "post-war diseases."

If we proceed on the assumption that every compulsion causes a counter-compulsion (a fact which we were able to demonstrate by many examples), we may presume that the state of war has exerted a pressure on peoples such as has never before been observed in history. Free will and personal freedom were entirely suppressed in favor of the community; there were restrictions everywhere; the fact of militarism transformed the life instinct into the "duty to die for the Fatherland." Whoever was forced to put on a uniform, was faced with the conflict between life instinct and the fear of social contempt (and social punishment).

Freud compared religion to a compulsion, but I believe that a comparison with militarism is far more fitting. In the Army, as in compulsions, there are rigid formulae, stereotype salutations; a strict ceremonial is prescribed for every action; fixed programs dominate each day; death clauses are obvious; rigid systems apply to the smallest detail. I was able repeatedly to

prove that in their dreams compulsives employed militarism as a symbol for their illness. Whoever rebels against compulsions is subjected to the danger of getting killed (death clause).

The only difference is that militarism is an external compulsion, while compulsive neurosis is inner compulsion. However, as we stated in the first chapter of this book, this inner compulsion is the consequence of the compulsion of culture, the consequence of a compulsion which society exerts upon the individual in the form of religion, laws, and education.

The reaction of the inner compulsion in every individual is the result of the powerful external compulsion exerted by the State upon everyone during war. The influence of the strong sadistic component of compulsion must be also considered. The analysis of compulsives always reveals the importance of hatred in the structure of the compulsive system.

We remember with horror how powerfully the tide of hatred swept over all nations, so that the individual was unable to resist this mass phenomenon. As compulsion, war is a hate neurosis. The war turned hate into a virtue, although the universal religion of charity had branded it as evil. The church found a way out and we were again permitted to hate without scruples, as long as the object of our hate was presented as an enemy of the fatherland. But this hatred, which had risen from the depth of cultural suppression could not easily be re-converted into love, when the war was over. He who has learned to hate, has also come to know the pleasure of hating. *After the external enemy was removed from the spiritual field of vision, the inner enemy (and the enemy within the family) re-appeared.*

And was not the mass phenomenon of war-psychosis the image of a grotesque compulsion, viewed through the social magnifying glass of nationalism? In the compulsive an inner struggle rages: the enemies confront each other in the trenches of the psyche; periodically one part-ego attempts to annihilate

the other by assault or barrage fire; on such occasions, the greatest psychic values are lost; destructive drives celebrate their cruel triumphs over creative drives which are even pressed into the service of destruction. Again and again there are new attacks, new defeats and new victories, while the patient never knows whether defeat means victory, or victory defeat. *The result is that the compulsive individual is lost for society, for culture, for progress.* The terrible years of the World War are also lost years for culture. It will be decades before the world can recover from the compulsion of war and before the tide of hate has ebbed away.

In the soul of the compulsive, the World War is reflected as an inner struggle for life or death. He continues the struggle until his logical personality is destroyed, only vestiges of which are placed at the disposal of social need.

The social impact of this question may be seen in the fact that a million people are excluded from physical and intellectual competition. They must partly be regarded as disabled, with their working capacity reduced by thirty to fifty percent; partly they are useless socially, unable to work; they are fathers who are not fathers; mothers, who are not mothers; citizens, who have lost touch with their community; idlers, some of whom make their living by pretending to work, some of whom live on their capital, or are supported by their relatives.

One cannot go wrong if one estimates the number of those who are unable to work or unemployed because of compulsion in every country at hundreds of thousands. Hundreds of thousands, who live on society, without contributing their share to the progress of society!

The increase in the number of compulsives is not the only consequence of the World War. We must also discuss another, equally important, factor, which seems to have some connection with compulsion.

This factor is the great increase in criminality as well as the horrible quality of the crimes which previously constituted only rare exceptions (cannibalism, mass murder, criminal assault, etc.).

We are struck by the increase of criminality, especially among adolescents, by the frivolous nature of the crimes adolescents commit for the sake of crime; the rationalizations of these crimes by political motives, the great number of assassinations carried out by adolescents.

Beside the overt, manifest criminality, there is also a latent one which finds its expression in the neuroses. We have seen what strong criminal tendencies are active in compulsives. We have even seen that compulsion constitutes a barricade against criminality, that it represents the individual's self-protection against his asocial impulses. The increase of compulsions is the manometer which simultaneously indicates the increase of latent criminality. This is another consequence of the war, during which sadism was given ample opportunity for expression.

I once defined the neurotic as a criminal without the courage for the crime. The validity of this phrase is certainly confirmed by the psychological makeup of the compulsive. We have reviewed a great number of compulsive cases, but we have presented only very few patients where a careful analysis did not reveal a criminal component of the disease.

Thus we must regard compulsion as a protective function of society against criminality. Of course, society pays a high price for this self-protection. It burdens itself with unemployed whom it has to support so as to prevent them from turning against itself.

Compulsive neurosis is the spiritual prison of the latent criminal.

Adolescents turn into criminals because they have not en-

tered this neurotic prison in time. Their struggle is directed against the old ones. The war was a struggle of the old against the young. It was a tragic spectacle to see the youthful soldiers who had hardly outgrown boyhood, marching in formation, equipped with murderous weapons, determined to win or die, while the old settled in the safe areas behind the front lines and seized the positions from which the young had previously driven them. Pride in the illness and in the old age which excluded them from military service—these were the paradoxical phenomena of a period in which weakness was turned into a weapon in the struggle for survival.

After the war, youth took its revenge upon society. "You have handed us the weapons; it is your fault if we now use them against you." The number of juvenile criminals has greatly increased. After the war, there was in Europe the dreadful period of inflation, a battle of currencies replacing the battle of the cannons. We saw young men turn into profiteers, founders and presidents of doubtful business undertakings, into speculators who accumulated fantastic sums of money. They pushed themselves into the front lines, they developed an uncanny vitality in the struggle for power, they pushed the old ones back, they robbed them of their money, their women, their positions, and they monopolized the front rows of the world stage.

Fortunately, they were able to do so for only a short time. Then the nightmare was dispersed, the accumulated wealth dissolved more rapidly than it had been won. But the effect of the poison has not been eliminated. The young want to seize the power. Now they have concentrated on politics. Ancient, sacred values are thrown away. Parliament is considered a congregation of old, helpless men; justice and law are empty words. There is but one God: brute force!

Youth has always been considered the period of fermenting

idealism. The time of "storm and stress" was an attempt to dethrone materialism and to realize ideals.

What has happened to the ideals? We must state in advance that there can be no youth without an ideal. We, therefore, cannot claim that our youth has plunged into the turmoil of politics without an ideal. Only, they have changed the nature of their ideal.

Psychology and sociology are more than ever concerned with the emotional problems of youth. It is significant that Eduard Spranger's book, *Psychology of Youth*¹ has met with such wide success. It is only one of the books which were written on this subject, and by no means the least of them.² I was especially interested in the chapter, "The Adolescent and Politics." For a long time, I had wanted to air my views regarding this question. I had expected an open indictment of the present tendency to drag youngsters into politics. Instead, Spranger avoids taking a stand. He even demands education to nationalism. He demands development of the will to power and holds the view that war, this ultima ratio, can never be stamped out. Only at the end of the chapter does he timidly suggest that it might be better if adolescents did not mix in politics. He states: "It might be well if young people—without being kept away from political discussions and impressions—were not to assume a definite position regarding politics before they are matured, say, at about the age of twenty-four. It has been suggested that it might be necessary to introduce a period of religious 'seclu-

¹ Quelle & Meyer, Leipzig.

² Unfortunately, it is also not *the* book. Brilliantly written, it is a beginning, full of stimulating and inspirational ideas. There is a profusion of thoughts; it seems that the author flirts with his own intellect and with his magnanimity, behind which he cleverly seeks to conceal his partiality. It is a conglomeration of ideas, yet lacking the great, central idea, the passion of conviction. It would be impossible to argue against or to criticize the book, because every single chapter provokes criticism and because it contains so much truth beside the untrue that eventually the author does justice to everybody.

sion' for young people. Possibly, a political 'seclusion' might be just as beneficial."

But now, twelve-year-old boys begin to discuss politics and, with defiant pride, wear the insignia of their party. They are prepared to sacrifice themselves for the "great idea."

Thus it happens that boys who have hardly outgrown puberty commit serious crimes out of political motives, or they develop severe compulsions.

We cannot yet tell how greatly the present youthful age groups will add to the existing number of compulsives. In my opinion, the number of compulsives will yet increase. This statement should suffice to place the problem of compulsions into the right light and to inspire efforts towards its solution in the interest of society. This solution does not lie in providing treatment for the countless compulsives, many of whom are more or less lost to society. It lies in prophylaxis.

Compulsions are the consequences of educational blunders. The numerous case histories, which I have presented, are sufficient proof for this. Unhappy marriages, tyrannical parents, suppression by elder siblings, unfair treatment, excessive pampering, destruction of the sense of personality, the inculcation with an exaggerated sense of morals, and the consequent struggle between drive and inhibition—these, and many other factors, are responsible for the development of compulsions. Those who have read this work attentively will be able to draw their own conclusions.

We have seen what an evil influence the conflict between guilt feeling and instinctual demand may have upon the psyche of a child. The first task of education should be to train children to become decent people who work towards an aim, instead of preventing the achievement of the aim by developing in the child an oppressive sense of guilt.

The burdens of society are the unhappy marriages through

which two people are tied to each other even though they want to part. Usually, the children are the obstacle to the dissolution of marriage. The logical consequence would be the demand that children should be created only after the success of a marriage has become established.

What actually happens, however, is the opposite. When the wife feels unhappy and lonesome, when the husband finds that he has made a mistake and that he cannot find the happiness he expected, a foolish desire awakens for a child who would compensate for the embarrassing emptiness of the home. Yet this hope also proves to be a fallacy. For only happy parents can have happy children! Unhappy marriages remain unhappy in spite of children. Then the disappointed parents turn their anger against the child. Under the pretext of "education for happiness," the child is subjected to pressure; his parents attempt to twist and change his personality; they tyrannize him, until they finally succeed in arousing his defiance against them, and he responds to the compulsion with a counter-compulsion.³

Then the child shows the first signs of compulsive neurosis and the symptoms of anxiety which I have repeatedly described in the preceding case histories. How common must these educational blunders be when nearly all children are subject to this tendency to compulsions. We rarely see a severe neurosis erupt at an early age. However, I have observed some cases of compulsion in six-year-olds, whom I referred to my assistants for treatment. In these cases the most important thing is to win the child's love and confidence. With young children, the treatment must begin in such a way that the therapist plays with the child, which gives her also an opportunity to observe him. My assistants have employed this method for many years (I

³ Because I recognized that at the present time the question of education is the most important one, I have incorporated the summary of my analytical experiences in a book which discusses in detail all problems of education: *A Primer for Mothers*, The Macaulay Company, New York, 1931.

personally never dealt with these children), a long time, before Melanie Klein published her play technique in the treatment of young children. However, this play technique is soon superseded by analysis which, of course, is handled very differently from the analysis of adults. The transference is increased, the child is encouraged to relate his emotions and fantasies, his guilt feelings are reduced, his defiance is shaken.

Frightening the child and threatening him with serious consequences unless he relinquishes his compulsive actions must be avoided.

A lively little book by Anna Freud, the daughter of our great teacher, indicates that she, too, analyzes many compulsive children.⁴ Her findings are more or less consistent with mine, but I gather from the examples she presents that she often commits serious errors. I cite only one of these examples:

"I was called upon to analyze another ten-year-old boy, who had recently developed a symptom which was very unpleasant and disturbing to those around him, namely noisy outbursts of rage and naughtiness, which broke out for no intelligible outward reason and were strange in this otherwise inhibited and timid child. It was easy in this case to gain his confidence, for I was already known to him. The decision for analysis harmonized, too, with his own intentions, for his younger sister was already my patient, and jealousy of the advantages of her position in the family which she clearly derived from this fact made his wishes turn in the same direction. In spite of this I found no direct point of attack for the analysis; but the explanation was not far to seek. He had indeed so far as his anxiety was concerned a partial insight into the malady, and a certain desire to get rid of it and his inhibitions. But for his main symptom, the rages, it was rather the contrary. Of them he

⁴ *The Psycho-Analytical Treatment of Children*, Imago Publishing Co., Ltd., London.

was unmistakably proud, regarding them as something that distinguished him from the others (if indeed not directly in a favorable sense), and he enjoyed the worry he caused his parents. He thus felt himself in a certain sense at one with this symptom, and would probably at that time have resisted any attempt to rid him of it with analytical help. But here I ambushed him in a not very honest way. I resolved to embroil him with that part of his nature, I made him describe the outbreaks as often as they came and showed myself concerned and thoughtful. I enquired how far in such states he was yet master of his action at all, and compared his fits of rage to those of a madman who would be beyond my aid. At that he was startled and rather frightened, for to be regarded as mad naturally did not chime with his ambitions. He now tried himself to master these outbreaks, began to resist them instead of as earlier to encourage them; thereby he noticed his real lack of strength to suppress them and felt an enhancement of his feelings of suffering and discomfort. After a few vain attempts the symptoms finally, as I had intended, turned from a treasured possession into a disturbing foreign body, to fight which he only too readily claimed my help."

Two serious mistakes! It is hardly possible to treat brother and sister at the same time. The jealousy of the rival must manifest itself as resistance. However, this mistake may be remedied and even exploited, if the analysis is cleverly conducted, inasmuch as the rivalry can always be pointed out. The second mistake is far more serious: the child was frightened and was led to believe that he might become insane. If the boy later on should suffer a relapse of his illness, which no analysis can prevent, this fear of insanity will dominate the clinical picture and contribute to the patient's despair.

We "savages" are better. We exclude fear and the use of force in our active-analytic treatments. By this method, the

analyst places himself into conscious opposition to the hitherto prevailing method of education; he takes the part of the child; he sees to it that the educational mistakes are not continued; he creates a favorable environment as far as possible; he wins the child by understanding him. The tricks which the assistant employs towards these ends under the physician's guidance cannot be taught; they depend upon her cleverness and intuition.

Considering the frequent incidence of infantile compulsion, it would seem essential to draw the attention of parents and teachers to the fact that what they regard as naughtiness and bad habits may often be the manifestations of an infantile compulsive neurosis. The illness frequently breaks out when the educators start their absurd struggle against masturbation. In my book on education mentioned above, my readers will find the necessary explanations.

I have presented the results of my treatments, unadorned. They vary. Some are very good, while it seems that in other cases our efforts were useless and analysis failed.

The art of analysis often fails before the power of realities. We must not forget that the neurosis is the expression of a life conflict the only solution to which appears to be suicide. In compulsive neuroses, the enjoyment the patient derives from his work and from life is reduced to a minimum; his ability to adjust to reality appears to be eliminated; the autism utilizes the tendencies toward annulment in order to exchange the unpleasantness met with in the world of reality for the pleasure the patient finds in the world of his fiction. The success of analysis thus depends upon the reality values with which we can provide him.

Unfortunately, often we can supply only fictitious values, goals, predictions, precarious promises for the future. Neither we nor the patients know whether life will make good on them.

This does not prevent me from stating that analysis still

remains the most preferable method. Perhaps a better technique will produce better results. One fact is certain: prophylaxis is a far more satisfactory way.

The analyst thus becomes the teacher of mankind, the educator of a new, healthier, more vital humanity. Of course, it will take many, many years before our conclusions can become common property.

Psychoanalysis has just begun its work. It is a young science; it laboriously gropes for the right way, which, however, consists of more than one way of curing the patients. The application of free, undogmatic analysis has become a social task; it must attempt and carry out the cure, the liberation of humanity.

I am proud that I am concluding my life's work with the conviction that I have contributed my part to this tremendous task. May the seeds I have sown bear ample fruit. May the physicians, as a body, fully realize the importance of analysis for our social life and cooperate in the important task of furthering social development, regeneration, and renunciation of outmoded prejudices. The physician must become the educator of mankind!

We have seen how difficult it is to analyze compulsives. I have attempted in this work to prove how manifold the angles are which we must consider. It is, therefore, naive to believe that the physician could cure a compulsion by merely pointing out the presence of an early sexual trauma.

Warda denies even the necessity of discussing the sexual etiology. He states:

"Occasionally, in cases with a known sexual etiology I have tried to enlighten the patient, to tell him that the origin of the compulsive neurosis was rooted in the sexual activity of childhood; that the child, though he could not be held responsible for such activities, nevertheless developed an unjustified sense

of guilt. I told the patient that, because of peculiar associative processes of repression, these guilt feelings were not tied up with that childhood experience but with other, in themselves unimportant fantasies, etc. My original assumption that such deep insight into the genesis of the illness might help the patient regain his emotional stability, was not confirmed. For this reason, I have lately avoided to touch upon the sexual etiology in the case of the actual therapy; there is even less reason for this since usually the patients in no way reproach themselves for this sexual activity, and even after enlightenment show no such tendency; consequently, there is no need to relieve them of such self-accusations. The most systematic procedure in causal therapy would be the separation of the reproach-affect from those secondary, accidental connections which manifest themselves as symptoms of the compulsive neurosis, and to tie it up deliberately, even against the patient's wish, with the original sexual activity from which it would later have to be separated again by further psychic processes. In practice, this procedure would, at least, constitute a precarious deviation from our therapeutic efforts. Even the simple, anamnestic inquiry as to sexual experiences is perhaps not always safe although I did not notice any harmful reaction in those cases where I resorted to this method. Anyway, we recommend that in this respect tact be exercised and careful selections of the questions made. We shall be most successful in the psychotherapy of compulsives if we combine psychological ambition with a warm interest in our patients."

Well...our lengthy case histories have proved that we never ask the patient any questions, that he himself begins to talk about his experiences, and that he must be gradually trained to recognize and overcome the repetition compulsion which derives from the experience. In this, as well as in many other respects, psychoanalysis is a difficult task of education, which,

however, cannot be carried out in the timid manner suggested by Warda.

The basis of the psychotherapeutic process is not to try to force or to persuade the patient, but to leave improvement and recovery up to him. Upon the express wish of the patient (described in Chapter XXII), I occasionally employed compulsive therapy, but I was never under the illusion that it would have any success. Since the illness is a reaction to force, the psychiatrist must avoid any use of force in analysis. There are, of course, exceptions, for the most important rule which we have come to know in many years of analytical experience is, that there is no rule. I still avoid the use of force, but I never permit myself to be surprised by the absurdity of compulsive actions and ideas. I take them apart and trace them to the originally intended impulsive action; I show the patient the mechanisms of displacement—and the desired result is obtained when the patient is willing to get well.

I wish to add a few words regarding the duration of treatment. Previously, I embarked on and practiced very long periods of treatment (a year, or more). Successes achieved with patients who could remain only a few months, and failures in spite of lengthy treatment have convinced me that generally four months are a sufficiently long time to cure a severe compulsive neurosis, provided that the patient has the sincere wish to recover. I have seen many cases whom good analysts treated unsuccessfully for two or three years. I have even been consulted by patients whom Freud himself was unable to cure within a period of three years. A curiosity is a case who was analyzed by a famous English lay analyst for five (!) years without any success whatever.

Thus, I calculate that the treatment will take four months and immediately inform the patient that this period is the

utmost limit.⁵ Whoever cannot be cured in four months, cannot be helped (according to my experience) because he does not want to be helped.

Freud reports that he cured a severe case of obsessional neurosis after three years, when he succeeded in uncovering the primal infantile trauma (the spying upon the parents' intercourse). But who can afford three years of treatment? Few are so fortunately situated as to be able to dispose of the time and the means which three years of analysis require. I admire the physician's patience as much as the patient's. As I said before: I maintain that it is a mistake to extend treatment over a long period of time. If the physician recognizes the patient's resistance and its sources, if he shows him repeatedly that he does not want to get well, if he fights his "will to illness," he will obtain the same results in a shorter period of time. *I have seen severe compulsive neuroses resolve after two months of treatment, because I was able to uncover the motives of the will to illness in time.*

In no other neurosis (with the exception of fetishism, which represents a transition to compulsive neurosis) will we find such a pronounced will to illness and such a pride in the disease.

Why does the compulsive cling to his illness? We have seen that he has strong suicidal tendencies that he pays for his life with his disease. He is a murderer in his fantasy, sometimes even the killer of his father. This is why he has condemned himself to death. His moral ego cannot accept this fact without taking the consequences and condemning itself to die. By his compulsive actions, the patient "objectivizes" his conflict and pretends that he is struggling against the death of other people. These compulsive actions enable him to maintain the fiction

⁵ This setting of time limit, which Rank and Ferenczi now hail as a great progress and active method, was published by me in 1913: *The Outcome of Analytic Treatments*, Zentralblatt f. Psychoanalyse, Vol. III, 1913.

of an ideal-ego, they support his faltering sense of personality, they enable him to live. The omission of compulsive actions causes fear. Apparently, it is fear for the life of the person to whom the death clause refers, but actually it is fear for the patient's own life. The formula is the following: "If I am that bad I do not deserve to live." The compulsive actions prove to him that he is good and that he suffers for the sake of altruistic aims.

By this depreciation of all values and the reversal of everything reversible, the "criminal without the courage for the crime" becomes the "savior without the strength for salvation." To give in to the patient means to permit him to remain in his fictitious world of hypocrisy and "acting before himself"; it means to sanction his laziness and to keep him from his real task.

Analysis is a redressing of the psyche, it is an orthopedic art which attempts to transform an indolent, psychic cripple into an efficient worker.

Let us examine the following example: A compulsive struggles with a great program for the following day. He wants to go to town and to buy for himself all sorts of books, paper, pencils, a sponge, and also a yard of cloth. He suffers from a bacteriophobia and he needs the sponge to wash off something; he wants to buy the cloth so that he can always tear off a piece whenever he wants to clean something. In addition, there are other peculiar things he wants to get for himself, all of which are conscientiously noted on a slip of paper. The analyst does not forbid this shopping trip, for he never forbids anything. In the next session, the patient reports that he has not bought anything. He wandered from store to store, he doubted whether he would find "the right thing," he postponed, he hesitated, and finally returned home with empty hands.

In the next session, the analyst provides the patient with the

interpretation of his compulsive action and his doubt: "You never wanted to buy the books, the cloth, the pencils, etc. You wanted to go to a prostitute in order to find with her the paraphilic gratification you desire. But you are too moralistic and too superstitious to do that. You are afraid your wife will deceive you if you carry out your plan."

Then follows the explanation of every detail of his trip. Everything fits perfectly and the patient is convinced that his compulsive action is a displacement; that it is exactly his ethics which prevent him from carrying out the impulse hidden behind the compulsive action; and that, without the detour of the false program he must fight the actual impulse.

I present this example only in a brief form because my readers have found numerous similar interpretations in this book. But if the patient holds the view: "I do not want to see! My pride prevents me from admitting that I have thus far been mistaken," then he does not have to consult an analyst.

People who have their own logic are close to psychosis, a fact which is proved by the phrase which the compulsive so proudly uses: "I am beyond logic!" We have seen how closely compulsion is related to schizophrenia; we have studied borderline cases, and for this reason we must demand that the physician proceed with the utmost caution, that he carefully consider every word he speaks to the patient.

I have repeatedly emphasized that the orthodox freudian analysis causes an artificial regression and that it encourages the infantilism of these patients. We have also proved how greatly the motives leading to a compulsion vary and how dangerous the analysis of a schizophrenic can be if it employs the beaten tracks of psychoanalysis to combat his compulsive symptoms. *We must demand that the analyst be thoroughly acquainted with psychiatry and we must strongly protest every form of lay analysis.*

I hereby accuse Freud of endorsing lay analysis against his better judgment. I accuse him of ingratitude toward those physicians who have helped him to attain his world-wide reputation and who have recognized his importance.

I can understand that the great man was embittered for many years; I have shared these difficult times with him, when I publicly took his side. However, I can also understand the resistance of science against Freud.

It was not easy to concentrate on matters of the psyche in a period in which the epochal discoveries of chemistry and the microscope followed each other in rapid succession, in which the belief prevailed that everything could be explained on a materialistic basis; in which the knife of the surgeon and the retort of the bacteriologist were the only decisive factors. It was not easy in that period to recognize the importance of unconscious influences, to accept sexuality, the Cinderella of neurology, as an etiological factor; to believe in the interpretation of the dream which up to then had been the domain of superstition and fortune-tellers. It was certainly not easy. And people defended themselves against Freud as long as they could. Every new truth had to overcome the resistance of the old truth. But the facts broke the resistance. Physicians, Freud's first pupils, and I among them, were the ones who again and again reported their successes, who over and over again emphasized the importance of the new theory. Physicians were the ones who exposed themselves to the derision of their colleagues at congresses and public meetings by repeatedly pointing to their successes—successes, achieved with cases which other physicians had given up as hopeless. Only recently, when my pupil, Dr. Lingbeck, presented to the *Gesellschaft der Ärzte* (Vienna Medical Society) a patient who had recovered from a Quincke edema through analysis, after unsuccessful appeals for help to clinics for seven years, I was assailed with the

charge that the analysis of this case was not a science. If it is not a science, it is an art. We may apply Simmel's phrase: "The scientist sees only what he believes; the artist believes only what he sees." Freud's first pupils were exclusively physicians: Abraham, Adler, Brill, Federn, Hitschmann, Jones, Jung, Reitler, Riklin, Sadger, Stekel, Wittels, and many, many others. Physicians were the first to stand up for him. The philosophers and laymen followed much later. The first psychoanalytic congresses were medical congresses. At that time, Freud would not tolerate that his own philosophers treated patients. Rank was designated for literary studies; Reik worked in a similar field. Both rendered outstanding services.

What may have induced Freud to change his attitude and to deliver psychoanalysis to the laymen? Was it the fact that many prominent physicians deserted him and went their own ways? Or could it have been revenge upon the medical profession because it ignored him, the great one, for such a long time? Did not he who was so wise and farsighted realize that one must have gained a certain distance to the great before one is able to recognize it as great?

The two most recent congresses of medical psychotherapists at Baden-Baden and Nauheim, in which the outstanding representatives of medical psychotherapy participated, stood in the sign of Sigmund Freud. A telegram of allegiance was sent to him from Baden-Baden; many speakers began or concluded their lectures with an appreciation of Freud.

Yet he nevertheless saw it fit to provoke the antagonism of the medical profession because one of his lay pupils was involved in an unpleasant court action and was accused of charlatanry. In his paper, *The Question of Lay Analysis*, he maintained that there was no danger when a neurotic was analyzed by a layman. Why did he present analysis as if it were a harmless conversation without far-reaching conse-

quences? He says: "In my opinion there is no reason to fear that a severe, lasting change for the worse will occur in the patient's condition, even if the analysis is not carried out skillfully. After a while, the unpleasant reactions subside. Beside the traumata of life which precipitated the illness, this minor ill-treatment by the physician can be of no consequence, except that this inappropriate attempt did not benefit the patient."

It seems that even a genius may be confused by resentment and temperament. Unfortunately, I could relate many instances where serious consequences occurred after unsuccessful analyses.

Psychoanalysis constitutes a tremendous progress. But we pay dearly for this progress. I have been in the thick of the controversy ever since the beginnings of the analytic movement, and I believe I am justified in uttering a word of warning. I have opposed the long duration of treatment which holds the patient in emotional dependency for many years. I have pointed out that after a too lengthy analysis the patient may have recovered from his neurotic symptoms but that, instead, he will suffer from an "analytic neurosis." He has lost his natural attitude towards life and what should have cured him has become his illness. Recently, this has been clearly stated in a book by Alfred Seidel, which has the strange title: *Consciousness as—Doom*.⁶ The psychiatrist and analyst, Hans Prinzhorn, has edited and written an introduction to the book. Alfred Seidel, a highly gifted philosopher, has committed suicide. Has analysis disillusioned him to such a degree that the world lost every attraction for him? Is it not remarkable that so many analysts have taken their own lives, men with extraordinary talents who were ingenious and appeared to be slated for a great future? I name only the Viennese Tausk, Schrötter, and Herbert Silberer. I also refer to the tragic end of the genius

⁶ Friedrich Cohen, Bonn.

Otto Gross. Is it not strange that the analysts should feud among each other?

Analysis is an education to see what one does not want to see. The physician must place certain attitudes and affects into the focus of the spiritual field of vision; he must put order into the intellectual faculties of the patient; he must recognize his hidden hopes and desires, and reconcile him with reality. Our patients have lost their contact with reality.

The secret of the success lies in the personality of the physician. But the golden rule which we often read in lecture halls: *Primum non nocere* ("The most important thing is not to harm") should prevent the layman from analyzing sick people. How easy is it for him to overlook the presence of an organic disease and to explain everything on a psychological basis.

If we are not to pay with innumerable failures for the great progress which Freud's ingenious discovery constitutes for medicine, we must entrust our patients to people who are trained to work with them: the physicians. *Medical thinking cannot be learned through analysis.* The study of Freud's works does not provide insight into the structure of the organism. The physicians have deeply hurt Freud in the early stages of his work. Now he takes his revenge. But it is too late. Psychoanalysis has become a valuable part of medical science of which it will not be robbed. The fact that the physicians did not violently protest against Freud's statements regarding lay analysis, was due to their infinite respect for his personality and to the deep sense of gratitude that all of us, without exception, feel for him. But we will not surrender the precious gift which he has bestowed upon us. This attitude is not the outcome of petty envy. We feel this way because we consider ourselves responsible for the patient's welfare. Analysis will now go its own ways. Only the future can tell what it means and what it will mean.

It would be unfair if at the end of my work I did not express my gratitude to Freud, despite all differences and misunderstandings. I repeat: *I shall never forget that he has lighted the torch which illuminates the road of my endeavors.* I have stated my differences with Freud. What remains is a deep feeling of appreciation for the genius whose name represents the beginning of a new era of medical science.

I am asking my colleagues to verify my findings or to correct them, and to do their share toward the end that psychoanalysis may remain a safe property of medical science.

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